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A Short history of nursing : from the
earliest times to the present day

A Short History of Nursing

From the Earliest Times to the
Present Day

By

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PREFACE TO SECOND EDITION

THE reception given to the first edition of this little book has been so encouraging that the authors have revised it quite thoroughly in order that students referring to it might find in it the most recent events of importance to nurses in so far as it is possible to give them in brief compass.

In this second writing we have been indebted to many for valuable suggestions and timely information. Miss Christiane Reimann, secretary of the International Council of Nurses, has been most generous with her knowledge of many countries' nursing history; Miss Alice Fitzgerald, Mrs. Alice St. John, Mrs. Ethel Parsons, Miss Nina Gage, and others have contributed their personal observations and interpretations of foreign conditions and tendencies. Fuller details on American organization have been given by the secretaries at Nursing Headquarters and the librarian, Miss Mary Casamajor, was most helpful in assisting with research.

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Finally we must express appreciation of the hospitality of Teachers College, Columbia University, in giving facilities without which the work of revision would have been much more difficult.

L. L. D.

I. M. S.

September, 1924.

PREFACE TO FIRST EDITION

THIS little volume has been prepared especially for the use of student nurses. Most of the material has been condensed from the four volumes of the larger *History of Nursing* and those who wish a more detailed and complete account of nursing history will find it necessary to refer constantly to this earlier and fuller edition. Certain of the more recent developments will however be found only in this volume.

It is generally believed that the best place in the nursing curriculum for the History of Nursing is in the early part of the first year, when the student is just beginning to form her conception of nursing and is being initiated into its traditions. It is hoped that this story of her very ancient and honourable vocation will serve to fire her zeal and to strengthen her purpose, and that the examples of many distinguished nursing leaders of the past will help her better to understand and carry on the splendid traditions which they have established.

It is suggested that the detailed study of the modern period and the discussion of modern pro-

fessional problems might better be postponed till the final year of training, when the student will be able to appreciate more fully the issues involved and when she will be preparing more definitely for her professional responsibilities as a graduate nurse. The final chapter is intended to introduce the young nurse to some of the fundamental principles of nursing ethics and to show how these principles have grown up out of the history of nursing and are linked up to it.

The references will suggest something of the rich body of historical material which is available for those who are interested in following up special topics or who wish to enjoy a rather fuller acquaintance with the characters and the incidents which are necessarily so briefly discussed in this short book.

Although Miss Nutting's name does not appear on this volume, it was at her suggestion that the work was undertaken, and the authors are greatly indebted to her not only for helpful criticism, but for her share in the original *History of Nursing* from which much of this has been drawn.

L. L. D.

I. M. S.

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A Short History of Nursing

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CHAPTER I

INTRODUCTORY OUTLINE

NO occupation can be quite intelligently followed or correctly understood unless it is, at least to some extent, illumined by the light of history interpreted from the human standpoint. The origin of our various activities, the spirit animating the founders of a profession, and the long struggle toward an ideal as revealed by a search into the past,—these vivify and ennoble the most prosaic labours, clarify their relation to all else that humanity is doing, and give to workers an unfailing inspiration in the consciousness of being one part of a great whole. For example, the labour movement, to those who know its history, appears as a mighty drama to which the uninformed may be quite blind. So, too, in every pro-

Why we
study nurs-
ing history

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possession a wealth of romance and adventure links past and present with a future of greater possibilities. The medical man who has not read medical history works partly in the dark. The nurse or teacher who knows only her own time and surroundings is not only deprived of an unfailing source of interest; she may also be unable to estimate and judge correctly the current events whose tendency is likely to affect her own career. We must know how our work of nursing arose; what lines it has followed and under what direction it has developed best. Possessing this knowledge each one may help to guide and influence its future on the highest lines, and in harmony with its historical mission.

To understand the development of nursing one should know something of the life and events of periods studied. It is important to have a general knowledge of ancient and modern history, for great turning points in world progress, such as, for instance, the fall of Rome, or the crusades, are often also turning points in nursing. Great wars have been especially significant in the growth of nursing as a skilled calling. Thus the larger background sets off the special subject. To gain a good sense of proportion and light on our subject, parallel readings of history are helpful. The status

of nursing has always been greatly affected by prevalent standards of humanity. Higher degrees of consideration for those who are helpless or oppressed, kindness and sympathy for the unfortunate and for those who suffer, tolerance for those of differing religion, race, colour, etc.—all tend to promote activities like nursing which are primarily humanitarian.

Nursing is a larger development of the mother-care of the young, and must have co-existed with this care from the earliest time. The word itself comes from the word meaning “to nourish.” In its broadest meaning it covers not only the care of the sick, the aged, the helpless, and the handicapped, but the promotion of health and vigour in those who are well, especially the young, growing creatures on whom the future of the race depends. Thus in the primal significance of the title “nurse” there is the idea of cherishing, treasuring, and building up perfect health, as well as that of relieving illness, and this latent idea must always have prompted some crude effort toward preventive and hygienic care in nursing work, though only in the most recent years has this complete aspect of the nurse’s work come to be generally recognized.

Origin of
nursing

During long periods, when the women of a

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nation have been closely restricted by social convention to the home, and their energies limited to family life, nursing must have had almost wholly the character of a household art, growing out of the needs of the family, and closely associated with other domestic arts. It is of this phase of nursing that we know the least, although it must have been, throughout vast ages the standard, or even the only phase. Later developments of nursing, as a vocation or career, practised by more or less well-organized groups of women, could only come where women were released somewhat from the incessant round of menial duties, and allowed a certain degree of personal freedom and initiative. In tracing nursing development, we should know something of the prevailing ideas of an age as to marriage, and the duties of women; the degree of economic independence, and of freedom of women outside the family. We should then find that the fullest development of nursing was not possible without emancipation from conditions of subjection, and that women could not rise to the full demands of that calling without education and knowledge of the social conditions and needs of their day.

The development of the nursing art depends on three things. First, there must be a strong

impulse or motive prompting one to care for those who are suffering or helpless. The maternal or parental instinct is the main source of this impulse, and it is found in human beings of all races and ages, and of both sexes, though it is generally held that women as a rule are more largely endowed with it than men. It is the original conservation instinct, and from it grew that care for a whole species which we call the instinct of race preservation, and which is so clearly and interestingly proved by the habits of birds and many animals. In its fullest development this motive produced altruism or humanitarianism, those noble forms of love and kindness which, ignoring boundaries, include all human beings in their scope, and extend mercy and good treatment to animals. In the exercise of these qualities men, as all history shows, have given the world some perfect examples of what the human race may become. This main motive, re-enforced as it has been at different epochs by religious fervour, love of country, and other compelling forces, has, in all ages, led people to lives of service and self-sacrifice for the sake of others. This spirit is essential. Then a certain degree of skill and expertness must be attained. Without this, love and care alone

**Essentials
in nursing
develop-
ment**

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would not suffice to nurture health or overcome disease. Even among primitive peoples we find great manual dexterity in the carrying out of many nursing and medical procedures. Although all arts require certain inborn qualities (which sometimes amount to genius) they do not reach perfection without careful training and experience. From the crude beginnings of the nursing art, nurses of the past, who possessed the natural gift, developed by their labours a gradually improving system of training through practice and tradition, which we regard as indispensable. The final essential is knowledge. Nursing art, like medical art, is based on science, or knowledge of facts and truth. Only as science displaced superstition could these arts make real, substantial progress, and this is why we are so much interested in following every step in the development of a knowledge of nature, and especially of medical science, throughout the ages. Only the awakening of women to intellectual life and emancipation has been of equal significance in the history of nursing, with the progress of the medical profession.

At a very early, perhaps an incredibly early, period a rudimentary type of nursing became distinguished as a form of community service, combined with other branches of charitable aid

and kindness. To trace nursing fully in this phase of its development it would be necessary to follow the path trodden, first, by spontaneous human good will, and later by conscious, dutiful undertakings of charity, which gradually became more and more organized to meet the needs of the dependent, and to create methods of dealing with the social problems of poverty, helplessness, and illness, all related as they have ever been. Such human customs became embodied in religious precepts. It is probable that in this search we should find, during many ages, some attempt at nursing care carried on by men, as a part of the public duties from which women were largely excluded.

Nursing a
germ of
early com-
munity
service

The work of nursing the sick has, in the past, had a greater share in the dramatic and picturesque features of social life than other lines of so-called women's work. At epochal historical periods our profession has taken on unique and surprising forms, and prominent nurses, both men and women, have led lives of high adventure and distinction. The call of nursing is to follow the sick and injured wherever they are; thus it has often had periods of full publicity when it has shared in all the pageantry of war and peace. This dramatic character, with

Social and
religious
influences
as affecting
nursing

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the universal appeal to sentiment and sympathy made by suffering, has made nursing the favourite preoccupation of noble and royal women, from the earliest dawn of history, as has been illustrated afresh in the recent war, when queens and empresses have put on the nurse's uniform. As a profession for self-supporting women in modern times nursing has suffered from this patronage, yet it has also in the past been benefited by it. Whether helpful or not, this is a factor which will always have to be reckoned with while social distinctions last.

The prevailing religious philosophies and beliefs of an age have profoundly influenced nursing growth. Though all ancient religions concerned themselves with questions of sickness and health, not all had an identical influence on nursing practice. Some religions rather tended to foster cruelty and intolerance, while those of an ethical type have naturally led in emphasizing tenderness and compassion, and in providing strong incentives to hospitality and charity. Such religions have found congenial modes of expression in fostering and perfecting the care of the sick. Again, the strength of religious taboos and of dogmatic restrictions and observances has been of marked influence in nursing. For many ages, probably,

and certainly for many centuries, nursing was regarded as a calling impossible except for those who renounced the world. From this point of view the care of the sick was a purely sacrificial or expiatory exercise, only to be endured by those having an intensely religious motive. This might be a spontaneous pious devotion, or remorse with a repentant desire to atone for sin. Either one was considered sufficient qualification for taking up nursing.

While the prevailing status of women in the passing centuries was thus faithfully reflected in the ranks of nurses at work, it was also, at favourable periods, considerably influenced and modified by their activities. There is in the nature of nursing something which resists convention and artificial restriction. Pioneers and leaders in our profession have always felt this, even in remote centuries, and have shown a courage and an independence in action that must always have contributed definitely, even if unconsciously, to the feminist movements of their day. From this aspect of the "woman movement" the social prestige of highborn women who entered nursing has been very helpful, while, as modern times approached, nursing became a pioneer in offering economic independence to women of education and good

family whose sole other alternative was "governessing," or needlework.

Most intimately have medicine and nursing always been allied. Indeed in dim prehistoric
Medicine
and nursing
ages they were, so far as we can discern,
long one and the same. They were
probably at first united in the person
of the wise old crones who learned to gather the roots, leaves, and grasses of the forest. As time went on two special branches of the art diverged—the medicine-giver and the care-taker. Though their spheres may, at times, have merged into one another, yet mainly the nurse (not always, but usually a woman) has been the one who personally cared for the sick and helpless patient, attended to his food and other physical needs, gave solace and comfort according to the prevailing degree of mentality or instinct, learned to apply simple remedies for the relief of pain, and was selected to assist the physician in his treatments. The physician has been the one who was called in; whose wisdom has been relied on to find out the cause of illness, to prescribe treatment, to perform operations, or to conduct the ceremonials of magic or of religion to banish the evil elements that caused the crisis. With the progress of the medical art the physician's sphere also subdivided, and we find

the medical man who assumed a monopoly of theoretical knowledge and intellectual command, but dealt in no practical or handwork with the sick;—all of this was delegated to his assistants, who came to form submedical castes, and corresponded to medical students of a later time. Such practitioners often shared the work of nursing, performed operations, and gave massage and other treatment as ordered, but yet continued to leave the general care and work in the sick room (or hut) to the nurse.

The influence of medical knowledge on nursing progress has been great, but not one-sided, for here, too, there has been a reciprocal influence. As nursing has grown more efficient, the results made possible for medical science have extended their field far beyond what medical chiefs themselves had ever imagined. On analysis it would seem that nursing and medicine are still essentially one. The knowledge of the physician must be in part possessed by the nurse. Hers is not a different knowledge, though it is applied with definite limitations. The physician is often a model nurse. But for the attainment of the highest efficiency the whole field of the care of the sick has come to be divided into various departments, one of which is the caretaking or nursing, and to this has now

been assigned much that used to be given to the medical man. Perhaps the one essential dividing line between nursing and medical specialties is that they require a different discipline, a different administration. What this shall be has formed the controversial element in nursing history. Today, the field of work has again been further divided by the specialization of sanitation. Not every sanitarian is a physician or a nurse, but every physician and nurse must be something of a sanitarian.

In prehistoric ages man's chief interest must have been the effect upon his own and his family's life of the natural phenomena which he beheld but of whose nature he was entirely ignorant. In his simplicity he naturally assumed that everything was alive, even as he felt life in himself. To him the waters, trees, winds, storm, and lightning were personalities, and the harshness of nature betokened harmful or cruel living agencies which filled his life with fear and dread. No mysteries were so great as those connected with birth, life, disease, and death. Illness was soon ascribed to some malign neighbour, and later to some evil deity. So arose the infinite variety of superstitions regarding sickness that have persisted with an extraordinary strength and universality even

Care of the
sick among
primitive
peoples

down to the present day. To save himself from malignant powers primitive man revenged himself upon his neighbours, or propitiated the spirits by wheedling and coaxing. He practised incantations to please them, or drove them away by loud noises and other means. The genealogy of many eminent medical and surgical methods today leads back to this strange and quaint ancestry. Thus the practice of massage arose from pummelling and pounding the patient's body to drive out the evil spirit. In trephining, the malignant spirit was to escape through the hole in the skull. Baths began by the plunging of the patient into hot or cold water, or sweating him, with the same purpose of driving out the demon of sickness. Counter-irritants came from efforts to burn out the spirit by fire, hot instruments, and blistering appliances. Purgatives and emetics aimed at expelling him through the orifices of the body; deodorants were to drive him away by strong odours. Horrible medicines were to nauseate or kill the demon. This superstition even dominated the *materia medica* of certain periods in the Middle Ages, when the most loathsome and incredible drugs, composed of vile insects, excrement, and other unpleasant things, were administered to the sick, and it undoubtedly lingers today in the popular fancy

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that, to be efficacious, medicine must be "strong" and bad tasting.

From the primitive fear of evil spirits as causing illness descended especially that dark ignorance which has been so terribly shown in the treatment of the insane. It is still hardly a century and a half since the insane were treated as possessed of devils, to be subdued by cruelty, chains, darkness, and terror. While this form of superstition was not universal, it broke out again and again up to the seventeenth century.

Through incantations and exorcisms the "medicine-man" developed—he who dealt with mysteries, and so the rudiments of theoretic medicine appeared in the priest-physician. The germ of practical clinical medicine may be traced to that instinctive craving, keen among animals and even yet found in healthy human beings, which prompts the use of the correct natural remedy in a given case. This instinct may have been far stronger in primitive man than it is now, and probably led him in the first place to a knowledge of plants and herbs. Such knowledge, handed down with later traditions of brewing and boiling, constituted the early materia medica, and it enhanced the wisdom of the medicine-man, and the usefulness of the

The medicine man becomes priest-physician

attendant or nurse. As the medicine-man advanced in power and prestige, his psychic or supernatural functions became clearly divided from the practical procedures, as we have seen, and in time the erstwhile physician became a priest, assuming to understand and control the forces of health and disease, and dealing only with them, while his assistants became the practical doctors, though of a rank below the priest-physician. This distinction is clearly marked in the dawn of history. We shall meet the two classes, theurgic and practical, in Egypt and Greece, and in Persia there were three, the knife doctor, the herbs doctor, and the word doctor, the last being considered the highest.

As superstitious belief also became defined, there came to be a distinction in magic, and two kinds were believed in—white magic, which was occult power or supernatural knowledge used benignly, and black magic, the malign use of occult power for evil and destructive purposes.

The
"witch"
probably the
first rival of
the medicine man

As this distinction grew, there probably first arose the conception of what we today call quackery—an illegitimate encroachment on the province of the physician. It seems reasonable to suppose that the practical attendants and nurses may often

have developed as rivals to the priest-physician, or may have been mistrusted by him from jealous motives. As he tended to monopolize power this jealousy must have often centred on the old women who, in very ancient countries and among primitive tribes, were, as we know, so greatly revered, as shown in the expression "wise women" applied to them, and who no doubt were prominent as care-takers for the sick through prehistoric ages. It seems probable that, in time, the witch idea grew out of friction arising in this relationship of the sick room and medical supremacy. So far back as we know anything about witches, they were credited with uncanny powers of causing illness and wasting disease, and this superstition must have arisen at a most remote period. It lingers today in isolated communities, in modified form, always based on some knowledge of herbs, or magnetic power, in the person suspected.

The practical skill of primitive man became, in time, quite admirable in certain kinds of disease, and even more so in surgery. He evolved a rude but efficacious mode of treatment for fevers and rheumatism, learned to massage, bleed, cup, and apply fomentations; became skilled in bone setting, trephining, amputating limbs, and checking

Practical
skill and
virtues of
primitive
people

hemorrhage, and even learned to perform abdominal section. Examples of these accomplishments may be seen today among primitive tribes, and, together with prehistoric remains, testify to the status of medicine before history was written.

It is a mistaken idea to regard primitive people as always savage and cruel. The best studies made of them show that kindness is common among them, and that children receive affection and tender care, even where infanticide is practised as an economic policy. The old and sick are tended except in times of severe stress or famine—then they must be left to die. Pre-eminent among primitive virtues is hospitality, that entertaining of strangers from which come our words hospital, hospice, and hotel. Hospitality is probably the most ancient expression of man's altruism. The stranger was entitled to food, clothing, shelter, and protection while under the host's roof. The obligation of hospitality was very sacred and binding, and came to be endowed with religious significance and embodied in religious codes. As primitive man evolved ancient civilization he provided a community care for strangers in the inns, which, as we shall see, were also the very earliest hospitals.

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CHAPTER II

CARE OF THE SICK IN THE ANCIENT WORLD

AS man developed in intellect and capacity, the forces of nature took on, in his imagination, the forms of highly evolved nature gods of complex attributes, and every nation composed its legends and myths of deities who watched over health and had powers over life and death. It is not easy to affix time-periods to ancient civilizations, for the researches of modern scholarship are continually bringing out new proofs of age, in tablets, excavated cities, etc. By such sources the time of recorded history is being extended farther into the past, and now from one country, now from another, comes some new contribution to the sum of our knowledge of civilizations as they were before the Christian era. In the deciphered records of early medical and religious codes are to be found such fragmentary bits of information as we possess upon our subject

The age of
ancient
civilizations

of health and nursing. In the light of present knowledge the nations of Africa and Asia show the greatest antiquity, but they do not give equal clues to medical progress in the sphere of nursing. China, for instance, with her strange and exceedingly antique medical lore, leaves us completely in the dark as to the work of men or women in the nursing care of the sick. But her neighbours, India and Ceylon, have venerable records showing a high state of development in those lines, even according to our modern ideas, while Egypt has proofs of a remarkable civilization dating back to 6000 B.C., and medical records nearly as old.

Of all purely medical records so far discovered and deciphered the oldest are Egyptian. Six
 Egypt and her medical codes sacred books dealing wholly with medical subjects cover the period, it is believed, from 1552 back to the year 4688 B.C. One especially celebrated papyrus is described as an encyclopædia of medicine as practised by the Egyptians in the sixteenth century before the Christian era. Many diseases and surgical operations known today are carefully described and classified therein, while more than seven hundred drugs of the vegetable, mineral, and animal kingdoms are enumerated and classified. The description of the preparation of these

drugs shows that the Egyptian pharmacists made decoctions, infusions, solutions for injection, pills, tablets, troches, capsules, powders, inhalations, lotions, ointments, plasters, and other forms of medicines used today. They knew a great deal about the therapeutic action of drugs, and laid the foundations of chemistry.

The Egyptians, as is well known, developed the art of embalming, and used aromatics, resin, and probably other preventives now unknown. They attained a rare skill in bandaging, as shown on mummies, often using one thousand yards of bandage on one body. Many of their methods are now a lost art. They also became skilled in dentistry, and filled teeth with gold fillings. Their priest-physicians understood hypnotism and practised it. Through their occult powers they used magic a good deal in treatment, and interpreted dreams. Egypt had learned astronomers, and this study led to the development of astrology and the belief that disease, as well as the general destiny of an individual, was influenced by the stars.

The medical books go back to mythological days when the god Horus, the Sun, learned medicine from his mother Isis, the Earth. There is nothing to be found in these records about nurses and their tasks, and this seems a little strange,

as medicine, pharmacy, and sanitation were so scientifically developed. Nor is there any description of hospitals as such. There were temples to which the sick may have resorted, and there were "temple women" who were priestesses, but what their duties were is not clear. The position of women in ancient Egypt is supposed to have been extremely good. Those of good family at least enjoyed considerable freedom and dignity, but we learn nothing of any professional career, though social and family conditions then are often compared with those of modern times.

The religion of Egypt inculcated kindness, justice, and charity, and these precepts were observed by at least some, if not all, the circles of Egyptian life, just as they are today. Hospitality was emphasized in the laws, and women especially were enjoined to feed the hungry, clothe the naked, etc. Their public services were thus probably limited to the alleviation of suffering. The Egyptian religion forbade the dissection of the human body, and thus surgery and anatomy were crippled. Through this, and the growth of extreme formalism, the medical laws of Egypt gradually became extremely rigid and crystallized into a set of fixed codes. With this tendency research and

progress died away and medicine as a progressive science became extinct.

These ancient civilizations have nothing to tell us of our special subject of nursing, but they were the home of so many old beliefs that have descended to modern times as rank yet widespread health supersti-

Babylon
and
Assyria

tions, that their scanty mediæval records are of great interest. Assyria and Babylon gave the securest asylum to the theory of demonology, or possession of the sick person's body by evil spirits, which persisted long and with terrible results. In elaborating this belief, that disease was caused by angry or malignant demons, the Assyrians created whole armies of good and bad spirits or angels, leaving man helpless before them except as he could invoke the aid of one against another. The idea, too, of sin as a cause of disease seems to have been emphasized if not originated by these peoples, and led to the adoption of ceremonials, such as purification by fire and water to atone for and cleanse from sin, and of sacrifices, often of a very cruel character, and requiring the offering up of human life. The Assyrians were especially warlike and ferocious, and these characteristics were reflected in many of their beliefs and medical practices. The legend of sin as cause of illness

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lasted long, for we remember the question put to Christ by His disciples, "Did this man sin, or his parents?" (We may, indeed, trace it down to our own day, for, when chloroform was discovered, and was first used in lessening the pains of childbirth, numerous sermons were preached showing that the curse laid upon Eve made these pains a punishment for sin, and it was therefore an impiety to interfere by mitigating them.) Others of the Assyrian and Babylonian beliefs were based on nature study. Such were their ideas as to the potency of numbers, based on observation of the heavenly bodies and the movements of the stars and planets. They were fond of the number seven, which has always held and still holds a high place in mystic lore, and tied it in knots on cords. Other occult regulations arose from agricultural experience, and fixed the times and seasons for gathering roots and herbs. So persistent have been these traditions that many country people still plant by the moon. Still others were symbolic and doubtless had for ancient people a poetic quality lost to modern minds. Such may well have been the use of charms and amulets, the custom of sprinkling with holy water, and the ceremonial of burning small objects by fire in the treatment of disease.

The practical aspect of Assyrian medical lore is given in the Code of Hammurabi (2250 B.C.), which shows an organization of medical treatment and of surgery, with fixed fees, and also with definite penalties for failures to effect cures.

Centuries before the Christian era, we are told, India had attained to an advanced and enlightened civilization in which women held an enviable position. The Vedas, the sacred books of India, tell of these an-

The health
religion of
India

cient things. With respect to health matters it was believed that, originally, there had been no sin or disease in the world, but that man, gradually falling away from his original purity, had brought these sorrows upon himself, whereupon Brahma in pity had given him the Ayur-Veda, the books treating of the cure and prevention of disease. There were, in the ancient mythology, twin brothers, children of the life-giving Sun, one of whom practised medicine and the other surgery. There were also two famous mortals, about whose human talents myths may have clustered—Susruta, a physician who lived fourteen centuries B.C., and Charaka, who lived about three hundred years B.C. The latter was supposed to have inherited all the wisdom of the serpent-god of the thousand heads, who was the repository of all the sciences, es-

pecially that of medicine. By this time the sciences had attained a rare eminence in India.

The long period of her golden age was that when the religion of Buddha prevailed. It was a religion of mercy, compassion, and justice, and enjoined humane treatment for animals as well as man. The Hindu records dwell at length on the prevention of disease, and show that medicine and surgery, hygiene and sanitation, must have been highly developed. The importance of pre-natal influence and the principles of care needed before and after childbirth were well understood. Hospital construction had reached a high standard and in all hospital procedures the rules of asepsis were strictly observed. As might therefore be expected, the annals of India give fuller details of nursing principles and practice than are to be found in any other ancient writings. Indeed, so clear, intelligent, and scientific are they that they might fit into any modern text-book. The nurses, to whom frequent reference is made, seem to have been usually young men, only in special cases elderly women. The position of women during this high curve of Indian civilization was socially a favoured one, though their liberty was restricted and their activities were limited to the home.

The ancient communes of India always had

Care of Sick in Ancient World 27

their health officers and their public hospitals. There were also hospitals for animals, supported at public expense. Hygienic procedures were enforced by making them a part of religious observance, and the early morning devotions of the Hindus were health measures, quaintly described in poetic phrases.

Health
officers and
communal
hospitals

In an old medical article an estimate is given of the desirable qualifications of "the Physician, the Drugs, the Nurse, and the Patient." The nurse must know how to compound drugs, must be clever, devoted to the patient, and pure in mind and body. Again, in the description of a model hospital the nurse's qualities are dwelt on in more detail: "Skilled in every kind of service that a patient may require, endowed with general cleverness, competent to cook food, skilled in bathing or washing the patient, well conversant with rubbing or massaging the limbs, lifting the patient or assisting him to walk about, well skilled in making or cleaning beds, ready, patient, and skilful in waiting upon one who is ailing, never unwilling to do anything that may be ordered." In those hospitals of India there were employed, also, professional musicians and story-tellers who cheered and diverted the patients by singing and by reciting poetry to them.

It appears that the young men nurses described in this article belonged to sub-castes of the Brahmins, or priestly orders. Thus the organization of the nursing profession as a semi-priestly caste is of high antiquity, and India lent its pattern to the religious orders of the Christian era, whose "lay brothers" in hospital work corresponded to the sub-castes of the older systems. The brilliant period of Hindu medicine began to fade a century or two before Christ. With the fall of Buddhism hospitals were abandoned. The religion of Brahma in its later manifestations intensified caste and created numerous taboos, so that intelligent medical and nursing care gradually became impossible. This, with political events, reduced the ancient glory of India and she sank into a state of bondage and darkness.

In the time before Christ the Jews formed a striking contrast to the nations around them, for

The Jews: they discarded the many deities and
their sanitary myths of Egypt, Assyria, and Baby-
knowledge lon and, under the leadership of Moses,
and religion declared their adherence to one God.
of brother-
hood

However, the myth of the serpent, symbol of wisdom and knowledge, always closely related to the progress of medicine, is met with a number of times in the books of Moses, as all will remem-

ber, and then too, Moses' command not to allow a witch to live shows that even he was not entirely free from survivals of superstition. Who were those witches of Moses' day? Were they the same old women whose inherited knowledge of herbs and potions brought them into competition with men then engaged in formulating a more complex and, probably, more scientific health cult? We do not know. But it is known that Jewish women have had in remote times a remarkable skill in medicine, and they must have become experienced in the care of the sick, though this care was exercised, perhaps, only within the home.

Moses developed remarkable codes of sanitation and hygiene both for family and community life. He is supposed to have learned these sciences from the Egyptians, but Moses has surpassed everyone else in the clearness of his minute detail, and he stands out in history as one of the great sanitarians of the world.

The Jewish religion emphasized human brotherhood and social justice. The duties of hospitality to the stranger, with relief for the widow, the fatherless, and the oppressed, were constantly urged as righteous. The Jews early showed that sense of personal and social responsibility which distinguished them among the nations. They

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have had benevolent associations since the very earliest beginnings of society, and through these organizations they have always visited and relieved the sick, providing them with medicine and other things needful. This visiting and relief work appears to have been carried on by men. The Jews of ancient times also supported free public inns or hostels for travellers, and to these a house for the sick was sometimes attached. It is not, however, supposed that these were organized hospitals such as the Hindus maintained, but they were rather for temporary care in emergency cases.

There is historical abundance in the medical records of ancient and classic Greece. Beginning Greece the like other nations in ages of myth and source of legend, the course of Greek culture modern brings us in time to the great Hippo- medical crates, the father of modern medicine, science whose teaching was based definitely on the natural sciences.

In mythical ages it was Apollo, the sun-god, who was the deity of health and medicine. His son Asklepios, a marvellous physician, became in turn deified and worshipped. The Asklepios myth was doubtless woven about a mortal of fame and skill, for it is traced to a fairly definite date, about thirteen centuries before Christ, and the two sons of

Asklepios were surgeons with the Greek army in the Trojan wars. The whole family of Asklepios indeed have the utmost significance for the medical and nursing arts, for, if they were only symbolic, they must have been meant to depict those arts as at that time existent, and, if they were actual persons, they combined in their careers all the main lines of specialism that we consider modern. Of the two sons, Machaon was evidently a surgeon, as he had "skilful hands to draw out darts and heal sores," and Podalirius may have represented internal medicine, as he "was given cunning to find out things impossible and cure that which healed not." The women of the family completely typify skill in nursing and in health conservation. The wife, Epigone, was "the soothing one." Among the six daughters there were Hygeia, the goddess of health; Panacea, the restorer of health; and Meditrina, the preserver of health. From her title, we may suppose her to have been the most ancient known forerunner of the modern public health nurse.

Asklepios is usually represented with a staff, (showing that he travelled from place to place), and a serpent, the emblem of wisdom, and also of rejuvenescence or immortality (the latter idea derived from its casting its skin). (This symbol

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of the staff and serpent has, since that time, always been used by physicians, and was adopted as the caduceus of the army medical service in the recent war.) The Asklepios myth became highly evolved and had a dream-cure, based upon the worship of the serpent, as its leading characteristic. As time went on the priests of Asklepios specialized in two branches, one purely medical, the other occult. From the former branch there developed a recognized class of physicians who were known as the Asklepiades, and these men founded centres for the teaching of medicine where in time important medical schools with hospitals and related institutions grew up. Among the most famous of these centres was Epidauros, and as its remains may be seen now by travellers, it is easy to get an idea of the Greek medical world in that day.

The temple and all the buildings were of white marble, built in the classic style, and on an ample scale. There were hospital wards and corridors, baths, gymnasia, libraries, rooms for visitors and attendants, houses for the priests and physicians, and a beautiful outdoor theatre, the whole set in a location of ideal beauty among pine-covered hills. The patients on arriving at the hospital were given beds on a long open portico, where, in their sleep,

A Greek
health
resort

Care of Sick in Ancient World 33

the dream gods were supposed to appear to them and prescribe their treatment. There were two of these sleeping porches, one for men and one for women, so that there must also have been women nurses or attendants. After they had received their prescriptions, the sick were distributed among the small wards. Epidauros accommodated about five hundred patients. There was a chief administrator whose position was like that of our hospital superintendent, and there were various grades of attendants, among them two sets of priestesses, one of whom were assistants in the holy mysteries, and the other, from their title "basket-bearers," may have had practical duties, or these priestesses may have had supervisory charge of the sick, as head nurses, for under them were bath attendants and helpers who waited on the sick and carried those who were unable to walk.

Medical schools maintained by the Asklepiades are traced back as far as 770 B.C. and under their influence a public system of free medical relief for the poor grew up which lasted down to the Christian era. A specially famous school was at Cos, and there Hippocrates was born, 460 years B.C. He is believed to have been a direct descendant of Asclepios. Hippocrates' time was the age of Pericles,

Hippocrates,
father of
modern
medicine

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the golden age of Greece, and his genius ranks him with the other brilliant intellects of that day. In his medical teachings he openly rejected all myths and superstitions, and declared that disease was caused only by disobedience to natural laws. He called Nature "The Just," banished all mystery and reticence from the discussion of natural truths and medical subjects, and expounded scientific facts in so simple a way that his style might be called "popular." His medical writings cover the entire medical field, and are still regarded as classics. Hippocrates left no mention of nurses by this name, but in his medical writings and in those of his followers the entire technique of what we now call nursing is taught in most minute detail and with a perfect understanding. In all probability the medical students then carried on these more skilled parts of the nursing service. Hippocrates emphasized the necessity of observation and experiment in the pursuit of medical knowledge. He was essentially practical and made the patient the object of his study. His high ethics, and the generally fine standards of medicine under his influence, were embodied in the Hippocratic Oath, the classic statement of medical ethics. This well known pledge has had a marked influence both on medicine and nursing.

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The followers and disciples of Hippocrates practised dissection and observed his precepts for a long time, but, as their era passed, Greek physicians abandoned clinical medicine and its practical genius for philosophical dissertations, and practical work came to be despised, while a bookish and theoretical learning brought on a slow decay of real science in Greece which lasted for many centuries.

The Greek culture did not give women of virtuous character a share in men's intellectual, social, or political life, nor much liberty. Wives and mothers were restricted closely to home duties within the walls of the household. It is true that legends tell of high accomplishment in medicine, by Greek women, but that was in the heroic, not the classic age. The Greek intellect was clear and rational. It rejected superstition and conventional shackles and hampering traditions, and developed an ethical philosophy which elevated reason, temperance, justice, and civic integrity to the highest plane. The Greeks worshipped beauty and physical perfection, and were little interested in the sickness or misery of the unfortunate. Their religion did not especially enjoin duty, or charity, though hospitality was considered a virtue, but in organizing the functions of the

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state they paid some attention to the problems of poverty. There was state relief for orphans, vagrants, defectives, etc., at public cost, and the poor were attended in sickness by state physicians. Brotherhoods of Hospitality provided inns and resting places for travellers, and mutual help associations were common.

The early history of Rome only begins when Greece was at the height of her civilization and

Rome, more eminent in sanitation than in medicine	was dotted with health resorts and medical schools. The older Etruscan civilization is dim with mystery, and the simple medical art of the old peas- ants of the Abruzzi, which they took
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with them to Rome, preceded the stage of worship of the goddesses of fever, of drains, of the evil eye, and of microbes. It is supposed that Rome applied to Greece for advanced medical teaching. In the third century B.C. during a severe plague, the Sibylline books were consulted, and the Oracle counselled the Romans to bring Asklepios from Greece. A mission was sent and a staff of physicians and attendants came and settled in the little island in the Tiber. One of the sacred serpents was said to have chosen the spot by jumping out of the galley on the island. This has been a hospital site ever since.

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No doubt Rome had other medical teachers. Among her thousands of Greek and Asiatic slaves were men of high education and attainment, and many of them understood medical treatment and procedure. Of nursing there is no record, save by military orderlies in the army, and an occasional old woman. It is probable that in the homes of the wealthy all nursing was done by slaves.

Though the Romans were never distinguished for compassion or pity, they did make a remarkable cult of health preservation. Their engineering and sanitary works, their aqueducts, their precautions against malaria, and their personal hygiene need only be alluded to. They gave medicine a dignified place in civic life. A public health service with free dispensaries was developed in Rome and professors of medicine and sanitation received civic honours. The best and perhaps the only genuine hospitals of ancient Rome were for the army. Sick and wounded soldiers in early times had been billeted on private families for their care, but the military hospitals developed later, as shown by excavations in Pompeii, were well built and equipped. The nursing of the orderlies or Nosocomi was probably of the same type that every army nurse has seen where orderlies have charge. The great talents and ability of the

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Roman ladies, to whom we shall come presently, had no field in nursing under the old régime, but found one under the new order of the Christian era.

In looking back from this point, having regard to the slenderness of our sources, it may be conceded that the care of the sick in ancient days compares favourably with that of some more recent periods. It is not only historically incorrect to assume that all neighbourly kindness and charity began with the Christian era; it is also a temperamental error that narrows the mind by shutting out the view of the essential humanness of the whole human race. The older religions had their merciful aspects, as shown in India and among the Jews. The Pagan Greeks and Romans had, in the cult of Orpheus, a softening spiritual influence which, so far as it reached, inculcated kindness and a horror of suffering. Perhaps the chief deficiency to our eyes in the ancient nursing systems is the small part taken by women, yet we know on the whole too little as to this. There may have been more than has been told. There are allusions to the eminence of women among the Norsemen, Teutons, and Druids, and to their superior skill in medicine and surgery, that suggest a larger field for women in the western world than in the Orient.

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In the medical and surgical arts there were clearly epochs in ancient times that were more brilliant and distinguished than certain centuries of the new era which we are now approaching. And it should not be forgotten that at least three ancient civilizations, India, Greece, and Rome, were comparatively free from the superstition of demons as the cause of illness.

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CHAPTER III

INFLUENCE OF CHRISTIANITY ON THE CARE OF THE SICK

AT the opening of the Christian era the Roman Empire extended over the greater part of Europe, a part of Britain, and great tracts of Asia Minor and Northern Africa. Pre-eminent as a conquering, military empire, it was equally distinguished for its elaborate political, legal, and administrative organization. Its pagan religion was, on the whole, tolerant and free from the more unintelligent superstitions. The Roman genius was extremely practical and business-like, and Roman officials allowed the freemen of conquered populations free action and thought on all but two topics—economics and politics. As in Russia under the Czars, subjects who never forgot those taboos might live in peace. The political economy of Rome was based on slavery, the institution that finally undermined the empire. The

The Roman
Empire at
the dawn of
Christianity

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age was a callous, even a cruel one, yet there were tendencies alive which prepared a welcome for better things. Women belonging to the patrician families had been strengthening their position through a couple of hundred years of the Republic, and besides a notable dignity in home life they had gained a social liberty which allowed them to go freely about in public, dine out and receive their husbands' guests at home, in marked contrast to the seclusion in which Greek women lived. It will be remembered that Roman matrons once formed a deputation to the Forum to protest against sumptuary legislation. Such women had also quite exceptional advantages in educational matters.

An alternative to the old pagan religious ceremony of marriage had been evolved in the free marriage contract. This gave the wife entire control over her own property and made her the social equal of her husband, whereas the old law had made her his chattel, with her fortune, her children, and her own life and death at his disposal. The independent and dignified position thus held by women in Roman society was to prove of great importance to the development of nursing, for Roman matrons were presently to turn their abilities and their money toward its organization.

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Christ's teachings of love and brotherhood coming into the midst of a hard materialistic society transformed the face of the earth for His disciples, and set free a boundless current of spiritual joy and hope. The disciples' love for their great Teacher took the instant form of service to whomever needed it, especially the sick, neglected, and destitute. Christ's own parables and miracles had dealt much with disease and death, and He had told His followers that in ministering to the poor and sick they were ministering to Him. We recall the quaint phraseology of the account of all those who were brought to Him to be healed, "sick people that were taken with divers diseases and torments, and those which were possessed with devils, and those which were lunatic, and those that had the palsy; and He healed them." The practical test of the new faith was "not to be ministered unto, but to minister," and, in later years, the Golden Rule was often carved on the seats of hospitals.

The most striking feature of the new religion was the active, strenuous work it brought to women, especially single women. The flat statement sometimes made that women hopelessly degraded under paganism were for ever exalted by Chris-

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tianity cannot indeed be accepted unconditionally. The more we learn of ancient society the more we find a very great respect and consideration for women in certain periods, and often a just legal status for them, while through the long Middle Ages canon law subjugated women in family life to an intense degree, and gave them an inferior status by ranking marriage below celibacy. But if it be said that Christ's precepts placed women and men on an equality this must be unconditionally agreed to. His answer to Martha, when Mary left the kitchen to hear His words, was most significant of His recognition of women's intellectual aspirations, and equally did He recognize their right to share in practical work.

The
altered
position of
women

While His influence remained paramount in the early church, men and women worked together on an equality, and unmarried women had opportunities for social service on a varied scale never before known. In the older societies there had been no career open to single women, save in special castes with restricted duties, such as the temple women or priestesses, and the Vestal Virgins. But now women, both married and single, threw themselves with the utmost devotion into all the works undertaken by the Christian

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church. Chief among these was the care of the sick.

It was in all probability Phoebe, the friend of St. Paul, who organized on a wide scale the nursing of the sick poor. We are entitled to think so, as we know that she was a church deacon (diakonus), that she made journeys to Rome, evidently in connection with her work, and that "she succoured many," St. Paul among the number, thus evidently having been a woman of character and ability. (In this connection it may be recalled that, regrettably enough, St. Paul's teachings again laid down the old restrictions on women's work and sphere, and with a stern authority which was invoked against them later through many centuries. It was his doctrine also that set the stamp of inferiority on the married life. While this directly helped single women to attain careers of great power and value, it indirectly strengthened the general trend of his teachings that women should occupy only a subordinate position.) The early church made men and women alike deacons with equal rank. Their duties were varied, including the performance of certain parts of the church service, teaching and mission work, spreading the Gospel and carrying out all the relief work

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and charitable undertakings of the church. Visiting nursing arose then, if never before, as distinguished from the mere visiting of the sick, for the care of the sick rapidly became the special work of women, and the spirit of community service was intensified by every condition under which the Christian brotherhood lived.

In that early period of the first couple of centuries the deaconess may have been single, married, or widowed. She was chosen, or accepted, by the higher clergy and ordained by the bishop. She might wear her ordinary garb, live in her own home, and retain her own property. It is easy to see what ample scope these free, favourable conditions gave to women whose superior abilities and inherited wealth enabled them to realize their plans for nursing and giving friendly aid. Such women organized groups of deaconesses and sent them far and wide over the parishes of the Eastern church and up over the west as far as Gaul and Ireland. Many of the distinguished women of that time, widows and daughters of Roman officials, of gentle breeding, culture, and wealth, entered the deaconess sisterhood in order to direct the work. The highest point of the movement was shown in Constantinople under the bishopric of Chrysostom, about 398 to 407 A.D. A staff of some forty dea-

conesses lived there—they had then adopted community life—under the direction of Olympia, a woman who combined great spiritual gifts with worldly prestige. The order of deaconesses remained organized in the Eastern church until the eighth century, but its importance diminished in the fifth and sixth, after church decrees had deprived the deaconess of her clerical duties and rank. The deaconess order did not merge into monasticism. As it died away its place was taken by groups of monastic women whose origin may be found in the early orders of widows and virgins, but the deaconess order had brief periods of renaissance throughout the Middle Ages, generally in connection with those religious movements then regarded as heretical, which attempted a return to the simple life of the apostolic church.

The Virgins and Widows were also classed among the clergy of the early church, though their rank at first was somewhat less than that of the deacons. The ecclesiastical Widows were those who had a claim upon the church for support. They became an important body, presided over meetings, and taught the Gospel, forming a bench of "Elders." Their position became so dignified and useful that many widows of independent means were attracted to it, dedicated themselves

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to the church work, donned a special widow's dress, and from their own homes pursued their charitable labours. These widows were not church clergy. Their order became especially important in Rome, and Roman matrons, not necessarily widows, joined it on their conversion to Christianity. In the course of the third century the ecclesiastical widow, like the deaconess, became the object of some jealous disapproval on the part of men, and her sphere of public work in teaching and presiding was gradually curtailed. The Virgins were a consecrated order, and for several centuries lived in their homes with no special restrictions, devoting themselves freely to the work of their choice, visiting or nursing the sick, or pursuing missionary labours, and going about in public without restraint.

The first converts to Christianity among the high-born women of Rome have been described in the letters of St. Jerome. Among them were Marcella, the leader, who turned her palace on the Aventine into the first Roman monastery for women, and who was so learned that the clergy often consulted with her on Scriptural passages; Fabiola, who founded in her home the first free public hospital under Christian auspices (about 390 A.D.), and worked

The
Roman
Matrons

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in it as a nurse, carrying the patients into it and bathing their wounds and sores; Paula, who knew classic languages and assisted St. Jerome in translating the prophets, and who with her daughter devoted immense wealth to the building and maintenance of hospitals and inns for travellers on the routes to Jerusalem; and many others. Probably no group of women ever associated with hospital and nursing organization has surpassed these in intellectual powers and commanding force of character. The period of their activity was after the early persecutions of Christians, for Constantine had made Christianity the state religion in 324. But they lived to see the Goths and barbarians penetrate the empire, and during the sack of Rome by Alaric, Marcella was killed. The gradual disintegration of the Roman power and the general disorganization of society following upon repeated invasions brought the church prominently to the front as the one uniting and subduing influence, and the Roman Matrons bent their energies to the founding of monasteries where women might at once find not only refuge and security, but opportunity to conserve and upbuild Monastic civilization under Christian auspices.

women

From the Roman pattern given in Marcella's home, similar monastic groups were

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formed in Marseilles, then in Arles, and so throughout western Europe.

In no other way could women have led occupational careers of their own choosing in that time of political and social chaos. But in the monastery directed by an abbess, and sheltered by a constitution or "rule" granted by the church, they were free and safe to pursue intellectual studies or practical interests. There they could establish hospitals and nursing staffs, cultivate and prepare medicinal drugs, receive and attend the sick and afflicted, perfect the household arts, make gardens, study music and languages, illuminate and copy precious manuscripts, and read and write poetry and drama. This became especially true of communities under the Benedictine rule (founded in the sixth century at Monte Cassino by St. Benedict), which were centres of great activity, and, because of their form of internal government have been compared to small republics. The scheme of life as planned by St. Benedict included seven or eight hours a day to be spent in useful and productive labour.

The early monasteries did not require "enclosure" nor a regulation dress, at least outside the walls. The period of greatest freedom in monastic life for women seems to have been between the

fourth and the twelfth centuries. A remarkable development of that period was the double monastery under a woman's rule, when an abbess directed two related houses, one of monks, the other of nuns. Such institutions often divided the hospital nursing, the monks taking the men's, the nuns the women's wards. Famous heads of double monasteries were Queen Radegunde at Poitiers, Hilda of Whitby, Hersende of Fontevrault. The last named monastery had three thousand members. The social position of the mediæval abbess was the highest and most respected and dignified. As the feudal system arose, she was politically the equal of men who held fiefs, and there are instances of abbesses ranking as peers and casting their vote in religious and political meetings.

There were many commanding figures of women in the monastic life of the early Middle Ages. Among them were Hrotswitha, who knew the Latin classics and wrote dramas, Lisba, Walburga, and Berthgythe who went from Ireland and England to help evangelize Germany, and Hildegarde, "Sybil of the Rhine," whose medical knowledge and political insight were alike remarkable. Such leaders as these trained the women who, amidst other duties, carried on hospital nursing and much medical work during eight centuries.

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A marked feature of the religious life of that early period was asceticism, but there were all degrees to be met with, and in the Asceticism monasteries organized for active work asceticism seems not to have been carried beyond a very strict discipline. It was a cult of Oriental origin, which inculcated neglect of the body, dress, and physical surroundings, with an intense and mystical spiritual life. It was extremely popular in the Eastern church, and St. Chrysostom tried to persuade the deaconesses under Olympia to go unwashed. In how far the patients suffered from this doctrine we do not know, but in the Orient bathing must have been for many an unattainable luxury. In fastidious Rome asceticism was at first disliked. The Roman matrons probably only carried it so far as to simplify their lives of, formerly, great luxury, for we know that they bathed and cleansed their patients. The influence of St. Jerome, however, was all toward neglect of clothing and body. Asceticism in extreme forms was practised in monasteries of the contemplative, austere orders, and as the clergy became highly specialized they made continuous attempts to bring more of it into the active working orders. In nursing sisterhoods asceticism of the doctrinal type is of course quite out of place. It is alien to

the whole programme of health preservation and preventive medicine, and is at odds with hygiene and sanitation. An early heresy was the doctrine of the Manichæans, who held that the body was the product of demons, as against the soul, which was the work of God. The inference of extreme asceticism is that the body is vile, or at least negligible, and from this point of view scientific research would be forbidden and the whole modern science of vital statistics would be useless. In its pure and symbolic essence, on the other hand, asceticism meant training in self-discipline for the attainment of unselfishness, or, in the words of a modern teacher, "the complete conquest of the spirit over the world and the senses." That such training is essential for service to humanity is self-evident. The point of difference came in methods—practical ascetics lived with people and led useful lives, instead of withdrawing to solitary cells to meditate.

The age-old custom of hospitality which had prevailed in the nations of antiquity was practised with religious fervour by the early Christians. Their aim was to hold all things in common. The rich were to give or share all they had with the poor. Their houses were opened wide to every

Charitable
work
under the
church

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afflicted applicant and, not satisfied only with receiving needy ones, the deacons, men and women alike, went out to search for and bring them in. The private homes of the deacons were turned into hospitals called diakonia, and the name deacon became synonymous with that of a director of hospital relief. As the bishops' dwellings were especially sought by the poor and ill, they soon became too small, and extensions were added to them. In this way clusters of inns, refuges, and hospital wards grew up about the homes of the clergy and the cathedrals, and these in time became immense and varied institutions. The Christian home was thus an ampler development of primitive hospitality, and all the specialized institutions of a later day had their inception in the Christian family. It is interesting to note that today, having passed through a vast gamut of institutional life, Charity is returning to the ideal of family life for its charges as far as possible.

In its full development the xenodochium or home for strangers included inns for well-to-do travellers; hospitals for the sick, the insane, and lepers; asylums for foundlings and orphans; homes for aged men and women; almshouses for the destitute; dwellings for physicians and nurses, and offices for con-

The
xenodo-
chium

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sultation, relief-giving, and administration. This group system was adopted by the monasteries, and was usual until toward the twelfth century, when it became customary to separate hospitals from other branches of relief and build them singly. About that time towns and cities began to found hospitals as a civic obligation.

A famous example of the early hospital was the Basiliad, founded and directed by Basil, Bishop of Cesarea, about 370 A.D. It was like a small city. Still earlier, about 350 A.D., there was a notable example of an emergency hospital pure and simple, created by St. Ephrem at Edessa at the time of a severe plague. Fabiola's hospital in Rome has been mentioned. It seems to have been strictly a hospital, without almshouse features, for it is called in early writings, a "nosocomium" or place for the sick. It is often popularly mentioned as the "first hospital." Rome had had military hospitals in pagan days, so it would be more accurate to call it the first Christian hospital in Rome. We do not know whether it was the first anywhere. Charity in the Eastern church was developed earlier than in Rome, and there may have been hospitals there, now forgotten. One of the earliest hospitals of which mention is made was founded

Hospitals
of this
early period

by Bishop Masona in Spain. It is not in existence now, but three of the most ancient hospitals are still in full activity, namely, the Hôtel-Dieu in Lyons, France (542 A.D.), the Hôtel-Dieu of Paris (651 A.D.), and the Santo Spirito in Rome (717 A.D.). There were also at a very early date provisions made for the sick in the inns and refuges for travellers on the high mountain passes of the Alps and Pyrenees. Every monastery that was established had its hospital, varying from the small lodge for emergency illness to the large and well organized set of wards for all kinds of cases.

In the earlier Christian period the medical profession retained to some extent the light of Hippocratic science. Basil, Bishop of Cesarea, was educated at Athens, and in addition to classic subjects he had there gained a thorough knowledge of medicine as taught by the Hippocratic school.

Status of
medicine
under mo-
nasticism

After the Roman conquest of Greece Alexandria became the centre of Hippocratic medical learning, and medical men practised dissection. Museums and libraries arose as scholars of all countries and all specialties gathered there, but the passion for metaphysical speculation gradually transformed even medicine to mysticism.

The last of the great medical men of the ancient

world was Galen, who collected all the writings of the past, and, though he himself contributed nothing new, became the medical authority of the world for a thousand years. We must also mention Dioscorides, author of the first *materia medica*.

The early Benedictine monks were advised by Cassiodorus to read the works of Hippocrates, if possible in the original. But other Fathers of the Church retained the old ideas of demonology as connected with illness, and there was a long struggle between science and superstition. The rapid expansion of monastic life had the effect of limiting medical practice for many centuries to the religious orders, and had it not been that the religious thought of that time was out of sympathy with natural science, this might have been of great advantage to medical research and progress, for the sick were then gathered together in monasteries with men and women, the flower of their day, to tend them. The Benedictine monasteries were especially the centres of all learning and civilization, up to the time when universities began to develop (twelfth century), and medical study must have been seriously attempted under their roofs. Hildegarde, for instance, must have dissected at least the bodies of animals, and possibly the human body, but her records show that she had to conceal

Christianity and Care of the Sick 57

her work under a veil of mystery and protect herself by a claim of supernatural revelation. Her books, remarkable as they are now known to be, were not included in the list of those approved by the Church.

The opposition of the Church to dissection was, of course, a basic hindrance to the progress of medical knowledge, but from the viewpoint of religious thought at that time dissection seemed a blasphemy, as the body was, in a very special sense, regarded as the temple of the Holy Spirit. The firm belief in the doctrine of bodily resurrection also inspired popular aversion to the idea of dissection. Then too, rational medicine seemed destructive of the miracle, and so of faith. The whole attitude of the mediæval mind was so different from ours, that it is not easy to interpret it correctly except after careful study, perhaps not even then. The clerical power was, for similar reasons, especially opposed to surgery, and toward the twelfth century there were several decrees forbidding monks and priests to practice medicine or surgery, or at least limiting their practice to their own monasteries. (These decrees suggest real progress and activity, as, otherwise, decrees would not have been needed). Before university schools grew up, lay pupils had been received in monas-

teries for instruction, but this was discouraged also. These decrees were not, indeed, universally obeyed, and medical monks practised clandestinely; nevertheless the general effect of monasticism on medicine was repressive, and not until different influences came to bear did the medical art enjoy a revival. In the thirteenth century, the Emperor Frederick granted permits to dissect.

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CHAPTER IV

ARISTOCRATIC AND MILITARY INFLUENCES IN NURSING

AFTER the downfall of the Roman power in the western empire the social state of Europe was for a long time that of the "melting pot," race clashing with race for supremacy, ancient classic culture and barbaric rawness striving together, each giving and taking something, each contributing to the amalgamating process. The feudal system arose from the redistribution of landed property, and was so worked out that the land still remained in privileged hands, while a system of protection and military duty bound the lesser lords to the greater, and the peasants to the landowner. The older system of chattel slavery was replaced under feudalism, when it had completely developed, by serfdom of varying grades for the peasant and labourer. Feudalism, with its high born vassals and knights, its

Outline of
social and
political
conditions
in the
dark ages

fealties, homages, and military service, tinctured with religious exaltations and ceremonials, lent itself to the most dramatic possibilities, familiar to all through novels and poems. Chivalry, arising in France, had its most perfect flower there, and in its highest form had many engaging features. Among these was the spirit of *Noblesse oblige* and the protection and defence of the weak. A practical result of this fine idealism appeared in the military-religious nursing orders into which knights and highborn dames entered that they might meet the needs arising from the crusades.

Three great military and chivalric nursing orders had their rise in those stirring and romantic times, and assumed as their duty a combination of war-making, charitable relief, and hospital nursing, under devoutly religious forms. Nothing like them has ever been seen, before or since. They were, in the order of their greatest renown, the Knights Hospitallers of St. John of Jerusalem, of Rhodes, and of Malta, commonly called the Knights of St. John; the Teutonic Knights (*Deutsche Orden*); and the Knights of St. Lazarus. Each one had provision for a corresponding order of women. The order of St. John was originally organized for the care of two hospitals, one for men and the

**Military
nursing
orders of
the Middle
Ages**

other for women, which had been founded at Jerusalem about 1050 A.D. by wealthy Italian merchants. They were dedicated respectively to St. John the Almoner and Mary Magdalene. In charge of the sisterhood of women nurses in the latter hospital was a noble Roman lady named Agnes, of whom little is known. In its inception the order of St. John was secular, and the knights and ladies met at table, and in the wards for the sick, but toward the end of the eleventh century, under the direction of Peter Gerard, who was intensely devout, a strictly religious form was adopted, and the Knights and Sisters renounced the world by taking vows of poverty, chastity, and obedience. Under its second director, Raymond de Puy, who was essentially a warrior, it took on a markedly military character and became exclusively aristocratic, open only to members of a distinct social class. As the warlike features increased, the order was divided for utility's sake into three sections—knights or men-at-arms, whose first duty was to fight, yet who were expected to serve in the hospital wards when not engaged in battle; priests who directed the religious life of camp and hospital; and serving brothers or half-knights (*serjeus*) who carried on the regular ward work at all times. These had to belong to fami-

lies which had never engaged in trade or menial work.

The Knights and Sisters of St. John wore a black habit with a white cross on it. Later the white cross was set upon a red ground. It had eight points, representing eight virtues professed by the Order. (A Red Cross was then worn by the order of Knights Templars, who were not a nursing order.) The fame of the Hospitallers of St. John became so great as the result of their excellent nursing and relief work that gifts of land and treasure made the order very wealthy. It built hospitals and founded branches in many countries, the English branch dating from the year 1100. A special merit of the order was that it received and nursed the insane, often with great intelligence and sympathy. It was the only one of the military orders that accepted insane patients. Its career was one of great usefulness and distinction until the time of the expulsion of the Christians from Palestine (end of the thirteenth century). From this date its efficiency as a nursing order gradually waned, though its wealth and fame continued to grow. From Jerusalem the central house of the order fled to Cyprus and then to the island of Rhodes, where headquarters were maintained for some two hundred years. Again driven out by the

Moslems in 1522, the order was given the island of Malta for a headquarters by Charles V. in 1530. But by this time wealth and power had corrupted it. Nursing had been gradually neglected, the Sisters of St. John were scattered and weakened, and political activities brought the once famed order into disrepute. It was finally suppressed, but its name and best traditions live on today in the St. John's Guilds and Ambulance Corps, First Aid to the Injured societies, and St. John's Nursing Associations.

At the height of its nursing excellence the hospital regulations worked out by the order of St. John were adopted by practically all the city hospitals or *Maisons-Dieu* as they arose, in Europe. Its influence over mediæval hospital management and nursing was therefore very great.

Undoubtedly the hospital service of the military nursing orders imprinted a certain military form of organization and discipline upon institutions, of which distinct traces are still to be seen. The knightly ideals of courtesy and honour, the love of pageantry and ceremonial, the formal and refined manner of knight and lady, must have made a deep impression on hospital life. It is quite probable that certain orthodox hospital ceremonials and forms of etiquette today, notably those of formal

medical rounds and the "standing at attention" of the nurses and junior medical men, have come down to us from the military orders. There is also much in their gradual promotion which suggests our training school, though the probationary system itself dates back to the earlier monastic orders.

The Teutonic Knights were founded in 1191 under similar circumstances and on much the same lines as the St. John's order. Their history, too, is the same, though on a less extended scale, for their branches only flourished in the Teutonic countries. On the whole their nursing service was not so excellent as that of St. John.

The Knights of St. Lazarus specialized in the care of lepers. Tradition carries their origin far back, at least to the days of St. Basil, but their definite organization dates from the first crusades. Because of the peculiar exactions of the problem of leprosy the Knights of St. Lazarus had two divisions, the warriors and the hospitallers. There was a sisterhood of St. Lazarus for work amongst women. The order of St. Lazarus had less dazzle of military pomp and glory than the other two nursing orders, but a far more sacrificial task in its nursing of leprosy and its struggle with the social conditions

surrounding lepers. Too little is known of its work in detail, probably because of its very difficulties. As leprosy, or the ailments classed under that general name, died out of Europe, the order of St. Lazarus became extinct. In recent times its name and badge have been adopted by the most modern nursing group in Germany—the “Free Sisters,” of whom we will hear in a later chapter.

The hospitals at Jerusalem under the military nursing orders retained certain features of the xenodochium. They gave board to the pilgrim and alms to the poor as well as care to the sick. Asylums for foundlings were a part of later hospitals under their care. Army hospitals were a special feature of the St. John's order and of the Teutonic Knights, and these were often filled to overflowing with wounded soldiers. In their work we get the first glimpse of army nursing since the days of the Roman orderly, and the hospitallers may be considered as the real founders of modern army nursing by professional nurses.

Hospital
work under
knightly
orders

Many of the hospitals built by the Knights Hospitallers were of the utmost architectural beauty, and were furnished in the most complete way known to their times. At Valetta the patients were served from silver dishes, and linen was

provided in abundance. The accounts of their hospital administration show thorough organization. The chief director made rounds with the physicians, and with his assistants supervised all the various housekeeping departments. Instruction was not overlooked. Every day a staff physician lectured on anatomy, and once a week on clinical medicine, for the benefit of the younger physicians and nursing Brothers. Barber-surgeons, appointed to men's wards, seem to have been entrusted with many procedures now taken over by women nurses. Patients who were needy received clothing and food when they left the wards.

We have pointed out the important part taken by the military nursing orders in developing army

Beginnings of organized relief in war and calamity	nursing on a high plane of excellence. The order of St. John also at an early date brought organization into the work of relief at times of natural calamities, and gave an example of efficiency on this line in 1783, at the time of an earthquake in Sicily. The account of their services then and the way they took charge of the situation reads like a chapter from modern Red Cross relief work. It is therefore not surprising that representatives of the Knights of St. John appeared at the Geneva
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conference in 1863 to help in founding the International Red Cross Society.

While medical science was stationary or even retrograding in western Europe during the Dark Ages, it was fostered in a remarkable way in the far east. The Nestorians were a sect banished from Rome to Edessa for heresy, very largely because of their interest in medical science. In Edessa they founded a medical school in connection with St. Ephrem's hospital. Thence they went to Persia, taking with them the Greek and Roman classics, and were received with distinction at the Persian court. They built up many medical schools in which the ancient learning of India, Arabia, and Persia was cherished and taught with that of Hippocrates and his disciples. A number of famous medical centres of a most cosmopolitan character thus arose where no racial or religious exclusion was practised, and where many Jews and Arabs studied. The tradition of Greek medicine was thus kept alive and was brought back to Europe later, when the Arabs conquered Spain.

Arabian
influence
in
medicine

The Arabians had inherited the wisdom of India, and the Nestorians found that, before the Christian era Arabian cities had had hospitals endowed by royal women and named for them.

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During the five hundred years when education was at its most restricted phase in Europe, Saracenic learning, arts, and sciences enjoyed their brilliant period. The Arabs translated the works of Hippocrates and Galen. Though the study of anatomy was discouraged by their religion, they became masters of clinical medicine and trained many skilled physicians. They added little that was new to medical science, but preserved the best of the old. They excelled in chemistry, and tested the fluids of the body. They studied drugs, and added new remedies to the *materia medica*. They had many beautiful hospitals, in which patients were intelligently classified in separate wards. They received lepers, and the insane, and treated them with skill and kindness. They became especially eminent as oculists, and had admirable provision for eye cases and for the blind. They carried on a form of hospital social service by providing needful care for discharged patients who were not quite able to work, and had systems of free medical attention for the poor of the cities. Alexandria, Damascus, Bagdad, and Spanish cities had such centres of medicine. Cordova alone, in the twelfth century, had seventeen universities, and fifty medical institutions. Jews, who were excluded from other opportunities, studied in

these universities and were recognized everywhere in Europe as the ablest of physicians. Two of the most distinguished Arabian medical scientists were Avicenna (eleventh century) who translated Aristotle and was the author of standard medical works, and Averroës (twelfth century) of Cordova.

The time came when the Saracens were driven from Europe, but they left an imperishable contribution in their beautiful architecture and their love of learning.

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CHAPTER V

DEMOCRATIC AND SECULAR TENDENCIES IN NURSING

LEAVING to one side all the human tragedies connected with the crusades, those remarkable episodes may be considered as a vast university extension course for great masses of people. New ideas, a wider knowledge, a larger world vision came to mediæval society as the crusaders streamed forth to Palestine and back again to their western homes. Many narrow conventions were discarded and outworn beliefs exchanged for new, more timely ones. The epoch following on the crusades was marked by evidences of intellectual growth and popular longing for freedom and progress. Commerce and trade created a powerful middle class. Free cities grew in number and importance. Guilds of artisans and workmen reached a high stage of organization. The peasants became articulate and voiced demands for a redress of grievances. A

Democratic and Secular Tendencies 71

free-thinking spirit boldly questioned formal dogmas. The stream of modern democracy took its rise in those wonderful centuries, the twelfth and thirteenth.

This growing tendency was in direct opposition to a type of formalism which was, at the same time, increasing in many of the older orders, even those devoted to nursing. With the military orders, this took the form of aristocratic exclusiveness, while in the others, excessive emphasis was laid more and more upon the great merit of total withdrawal from the world.

The newer spirit reacted against the older in the formation of many new, free forms of social grouping for nursing and neighbourhood work. The most perfect type and personification of this fresh energy was the youthful saint, Francis of Assisi

St. Francis's
return to
ideals of
early church

(born 1182). He was one of the most lovable, spontaneous, and gentle of characters, an early Arnold Toynbee, but more joyous and sunny, and perhaps more unconsciously democratic. At a very early age, during an illness, inner promptings turned him with swift completeness to follow literally the teachings of Christ. He therefore left his home (for his family and friends were worldly and pleasure-loving, and he had led a care-free life),

and went to live among the lepers in their colonies. The problem of leprosy had grown increasingly grave since the introduction of the disease into Europe in the fifth and sixth centuries, and attempts to solve it by isolating its victims had had little or no effect. The special genius of St. Francis was shown in his way of attacking this problem. He did not isolate himself with the lepers, nor allow his followers to do so, though one and all were required to live among them. They went back and forth in the world as if they had been living anywhere else, and by thus bringing leprosy (much of which was really tuberculosis and syphilis) out into the open, as it were, St. Francis brought the responsibility home to the entire community, where it belonged, and a beginning was made of improved social conditions and of preventive sanitary measures. His method was very like that used in the modern campaign against tuberculosis. St. Francis had an immense following, especially among the ardent youth of his age, and led the recruits who became known as mendicant orders or friars. St. Francis insisted on humility and poverty, but wanted the friars to be joyful and happy, and to live as natural a life as possible. They were, therefore, often accused of levity. They were to work with their hands, preach and

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teach, and convert the heathen. St. Francis distrusted book-learning and emphasized the active, useful life. The young men who followed him were formed into the Brothers Minor.

A charming young girl, Clarissa, who had belonged to Francis's worldly circle, accepted and shared all his ideals, and ran away from her home at night, to enter the church and put on the garb of a novice. Clarissa then formed and led an affiliated order of young women to help the Brothers in their work. All were alike bound to absolute poverty. The Brothers undertook to support themselves and the Clarissas or "Poor Clares" by manual labour or begging. The Sisters were to mend the Brothers' clothes, take care of the little church, and nurse the sick brought to them as needing special care. The Franciscan orders and their contribution to nursing were useful and practical during two full centuries. Their nursing may have been very elementary, but it was effective, and their sincerity in carrying out their aim of bringing back the motive of simple, neighbourly kindness of the early church had a great influence on their age. The friars, through their contact with men and with life, became well informed and worldly-wise. Some of them became radical, even revolutionary.

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Many, later, acquired learning, and studied and taught in the universities. They were said to have gained much practical knowledge of medicine.

Later centuries showed a gradual change, making the Poor Clarissas a contemplative, enclosed order, of the most austere type, while the Brothers forgot manual labour in the easier career of begging, and became, often, a general nuisance. But while the spirit of St. Francis remained with them they were a fresh and inspiring example of youthful idealism.

St. Francis's spirit and ideals were most widely distributed by the order of tertiaries which he

Secular
orders: Ter-
tiaries, etc. founded. In this order the practice of the early Christians was fully revived, for its members were not to leave their homes nor renounce the world, but were to carry their religion into their everyday life, and share continually in some unselfish, useful service to humanity. Practical work with the poor, afflicted, and sick was taken up with enthusiasm by the tertiaries. Such orders still exist in Italy, the members volunteering for hospital work, friendly visiting, burying the dead, carrying patients to hospitals, etc.

The flexible nature of the Third Order adapted it well to nursing, and it became extremely popular with men and women who were attracted to the

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care of the sick. Many famous mediæval nurses who are now canonized were in their day members of the Third Order of St. Francis—for instance, Elizabeth of Hungary, and Catherine of Siena. The mediæval scientific wizard, Roger Bacon, was also a Franciscan Tertiary. The demands made upon the Tertiaries for hospital nursing led eventually to the formation of communities and convents, whose members took only simple vows. While the strictly religious orders, under the pressure of the clergy, were inclining more and more to the seclusion of solemn or perpetual vows, new active orders now sprang up in many directions which expressed the desire of women for self-organization and self-direction in congenial work, and these were not technically “religious” in the church sense, though they were all imbued with a religious spirit.

The Béguines of Flanders were leaders among these secular orders. They antedated the Franciscan Tertiaries, for their first community was built in 1184, just two years after Francis was born. The organization of the Béguines seems to have been a revolt against abuses that had developed in the double monastery system, for their first spokesman, Lambert le Bégue, a priest of Liège, asserted their claim to

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live God-fearing lives outside of strict church rule, and to carry on work separately from men. The Béguines did not take vows of poverty, but only promised chastity and obedience whilst they remained members of the Béguinage. They could therefore leave and marry, possess property, and earn money. They also to a certain extent continued to share in social life. Their work developed according to their own ideas, some making lace, others teaching, and others becoming hospital or visiting nurses. Hospital work soon became one of their chief interests, and, as their communities grew and acquired wealth, they built their own hospitals and administered them, or, in other cases, provided nursing staffs to organize in hospitals under different control. One of the most famous of these, which exists in all its beauty to-day was at Beaune in France.

The Béguines endured a certain amount of persecution for their freedom of thought and action. They were accused of heresy,—of thinking it unnecessary “to fast, or to obey mortal men.” They were, however, so strong in popular esteem that the opposition did them little real harm. They remained numerous and active for several centuries and there are still several communities remaining, notably those at Ghent and Bruges, which are well

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known to travellers. The Béguines of today still respond to every call. They were, for instance, active in the late war.

A similar order of women was the Sisterhood of the Common Life, founded in Flanders in the fourteenth century. These Sisters specialized in visiting nursing. There was a brotherhood by the same name, not, however, for nursing, in which appear the names of some of the noted "Humanists" of that day, who corresponded to our modern intellectual progressives.

The order
of the
Common
Life

An important secular nursing order of men arose in the twelfth century in Montpellier. It was a free brotherhood founded by Guy de Montpellier about 1180, and came to be especially identified with the large general hospitals of towns and cities which from that time on were more and more taken under the control of the civil authorities, or built anew inside of city walls, as towns grew in importance and in self-government. There was a related order for women nurses in the Santo Spirito organization, but historians have overlooked it in their interest in the men's branches, which seem to have been of much importance. These had a flourishing career for more than a century, retaining their free char-

The order
of Santo
Spirito

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acter, and carrying on the nursing in a great number of city hospitals, especially in Switzerland and in Germany, where at one time they had more than one hundred and fifty hospitals in their care. It is quite possible that this nursing order of men may have contributed largely to the revival of medicine in the twelfth century, or at least may have strengthened it, for men engaged in nursing incline naturally toward medicine and often pass on into the ranks of medical men. Toward the end of the thirteenth century a papal edict made all the houses of the order subject to the one in Rome. This was the first step toward altering the free form of the brotherhood. Within the next two centuries it became strictly monastic and died out.

Orders of secular Sisters originally called oblates, founded in Florence in 1296, have nursed in the chief Florentine hospitals from that day to the present time. They have always been distinguished for their excellent work, and for the unusually broad professional instruction allowed to them, as compared with that of many other Italian nursing orders.

The history of these important free nursing orders of the Middle Ages suggests a positive incompatibility between the needs of a nursing service and an artificial limitation of the nurse's

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capacities and training. This was so well understood by prominent women in mediæval times that we find numerous instances of such women refusing to be bound by vows because they wished to control their own wealth and be free to conduct nursing work as they thought best. Many such women entered the hospitals which they endowed and spent their lives in service there. Among them may be mentioned Elisabeth, Queen of Portugal, in the early fourteenth century, and Mdle. de Mélun, daughter of the Prince of Epinay, as especially distinguished for the practical character of their work.

Whatever the religious belief of modern students may be, none need feel any unwillingness to accept the title "saint" as conferred upon mortals, for in its symbolic sense it is simply a recognition of a life rich in beneficent service, given as orders of merit are given today. In the recent war many nurses have been decorated. So, in the Middle Ages, many canonical saints received their title, sometimes partly, sometimes wholly, for their eminence in the care of the sick, crippled, and blind. It is true that the most prominent nursing saints had often other distinguished deeds to their credit,—they organized, aroused public opinion, were teachers

The
nursing
saints

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and prophets, guided political events and stimulated social ethics. Modern nurses have also done these things.

Among the nursing saints we have mentioned St. Francis and his remarkable social service; St. Vincent de Paul was a colossal figure, best known as the founder of the Sisters of Charity; St. Catherine of Siena, who had a remarkable share in public events, nursed in La Scala Hospital in Siena, where her little lantern was as famous as Miss Nightingale's lamp of later years. Hildegarde just missed canonization because of her scientific learning. St. Camillus was a devoted nurse, greatly beloved. St. Bernard, in the intervals of his public work, treated eyes, and is shown in paintings as curing the blind. Saints Cosmos and Damian were surgeons. Elisabeth of Portugal, Anne of Bohemia, Bridget of Sweden, Bridget of Kildare, who nursed lepers, Modwena, who healed epileptics, Walburga, who studied medicine, all had remarkable gifts and careers in nursing. Most beloved, perhaps, and sweetest of all the nursing saints was Elizabeth of Hungary, heroine of the legend of the roses. Legends of extreme piety, asceticism, and austerity of life attend many of these saints, and they were freely credited with miraculous powers.

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The process of bestowing sainthood upon a nurse has taken place lately enough for us to see how it is done. Mme. de Chantal, grandmother of Mme. de Sévigné, was canonized after her death in 1641. An inquiry then took place to substantiate her good deeds. The old peasants from her estates were called to testify to the incidents of her life, and told in great detail, and with the most naïve realism, all the wonderful cures she had brought about by nursing in their cottages, and by taking serious cases into her own home.

Poverty, that social disease which testifies to broken or disregarded natural law in the social organism, has always been the prolific parent of physical disease, as every visiting nurse knows. From the earliest times communities had made efforts, usually futile, to meet this problem. The ancient Jews tried to prevent poverty by their system of the redistribution of land. Classic civilizations arrived at a caste of poverty, and beggars had certain definite rights. Monasticism carried on an immense system of relief by almsgiving, yet it did nothing to prevent poverty, and probably did as much to perpetuate it as to relieve it by doles. However, the whole system of land ownership in the Middle Ages fostered poverty, as it also de-

The
beginning of
civic relief
of poverty

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veloped monasticism. Monastic charity was institutional rather than social, as pointed out by Loch, who also shows that it was, in spite of its limitations, a step in advance of the older caste system. The first halting attempts of the civil powers to deal with poverty date from the ninth century. These attempts were quickened in the fourteenth and fifteenth centuries, when the suppression of monasteries, after the Protestant revolts in Germany, England, and Switzerland, threw upon the civil arm the burden of relief which had been previously carried by the monastic orders.

England created Overseers of the Poor in 1572. The hospital directors in Paris shared the laicizing tendency by appointing paid secular ward nurses in 1692. The relation of poverty to disease was long obscured by the profound general ignorance of sanitary laws. The Black Death (1349) carried off, it is said, one quarter of the population of Europe. The first English Sanitary Act was passed by Parliament in 1388, but the connection between filth and illness continued to be popularly ignored, though Erasmus, the celebrated humanist and scholar (born in 1465) pointed it out in his writings. In general, the policy of secular authorities of the later Middle Ages in dealing with poverty was to treat it as a crime, and those apply-

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ing for relief as criminals. The care and protection of children especially lagged under civic guardians up to the eighteenth century, and the fate of destitute orphans in European countries often made the ancient pagan custom of exposing superfluous infants to death seem kind in comparison.

It is considered that the term "Dark Age" must not be applied after the eleventh century, for revivals of intellect and spirit gave a fresh impetus to human progress from that time, and the twelfth century is often spoken of as the period of a true renaissance antedating the Renaissance of the fifteenth century. Groups of students and masters who formed themselves into guilds were the beginnings of universities, and from the tenth century the city of Salerno had been famous for the physicians whose labours culminated in a medical school located there. The origin of this school has been sometimes attributed to Saracenic influence, and, again, to the survivals of Greek culture in Sicily. It probably owed something to both, and also to the Jews, for Jewish physicians did much to build up Salerno. It is believed that secular influences controlled it, even in so far that it gave no teaching in theology. It is certain that it became an important centre of medical learning,

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and that through it flowed that eleventh century revival of medicine in Europe which produced the famous medical schools in the universities of Bologna, Naples, and Padua, in Italy, and Montpellier, in France. There the works of the Greek masters were studied, and great freedom of scientific inquiry prevailed. Perhaps the best proof of the advanced liberality of, especially, these Italian medical schools is that their doors were open to women. Many women then became distinguished in medicine, for example, Trotula (1059) who wrote books on medical specialties.

In northern countries the progress of medicine was more difficult. There the great universities grew out of the guilds and student bodies, inspired largely by the brilliant intellect of Abelard (1079-1142), but theology long remained dominant in Paris and in English universities, and though the fine arts expanded and flourished, there was little freedom for medicine. The church disapproved of dissections and discouraged surgery. Edicts of the twelfth and thirteenth centuries, limiting the surgical practice of the monks, had resulted in the creation of the barber-surgeon caste, which had a long and difficult struggle to gain headway. Then Saint Louis founded a college of surgeons, and by 1268 there were master-surgeons. The

Democratic and Secular Tendencies 85

Italian influence gradually made itself felt in northern universities, and the thirteenth century saw many scientific discoveries and felt the stimulus of the experimental method as practised and taught by Roger Bacon, while the dissemination of knowledge was facilitated by the discovery of printing in 1450. The first chair of medicine at Oxford and Cambridge was founded in the fifteenth century, and from this time there was a steady advance.

Then came the use of gunpowder in war, giving surgery an immense impetus. Ambroise Paré, the founder of modern scientific surgery, was born at Laval, France, in 1517. One of his contemporaries was Vesalius, the great Belgian anatomist, who was condemned to death by the Inquisition, and only saved by the interposition of Charles V. In 1578 William Harvey, the famed discoverer of the circulation of the blood, was born in England. He, after being educated in the English universities studied at Padua.

The high tide of the Renaissance was now surging over the northern countries. Italy had first felt its sweep, when, after the fall of Constantinople in 1453, scholars and scientists had brought back with them all the accumulated treasures of eastern art and learning. The new era called Modernism

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was now on the way, and the darkest age of medicine was over.

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CHAPTER VI

THE DARK PERIOD IN NURSING

THE currents of popular feeling which brought about the Protestant insurgent movements of the sixteenth century had more than one source. Among the labouring masses there was deep resentment against serfdom and oppression. Intellectual circles criticized and ridiculed the doctrinal absurdities of extreme ecclesiasticism, while Movements leading up to the Protestant revolt in deeply religious hearts there was a longing to return to a simpler faith and more sincere observance of religious ceremonials. From the economic standpoint especially, the dominant church in its then large temporal power had become generally oppressive. Its exactions were felt alike by king and peasant. The ground gained by Protestantism in that period brought to a climax influences that had been previously at work weakening the monastic system, and the changes resulting from the decline of monasticism had a

distinct influence on nursing work and hospital organization.

While the secular nursing societies of the twelfth and thirteenth centuries were gaining strength, many of the older, more conventionalized orders approached a stage of stagnation. Certain significant events showed this tendency. In 1212 the bishops in council drew up regulations for the French hospitals, including therein rules for the nursing staffs. It was decreed that all nursing orders were to take vows of poverty, chastity, and obedience, and wear a religious garb. It was further decreed that, to economize the gifts of the faithful, the nursing work in hospitals should be performed by the smallest possible number of Sisters. The results of this policy of repression and overwork are clearly shown in the history of the nursing Sisterhood of the Hôtel-Dieu of Paris, as it happens that unusually ample records are available dealing with the nursing service of that famous hospital. These records are written from the two opposite viewpoints, the secular and the clerical.

The Sisters of the Hôtel-Dieu in Paris had evolved from a little group of volunteers who took charge of the sick in the hospital when it was only

Deteriora-
tion in hos-
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thirteenth
century

a small house containing a few beds and elementary appliances (650 A.D.). The religious order that gradually took shape there never assumed any other duties than the ward nursing. It had no diversity through teaching or embroidery and other household arts. These Sisters are distinguished, therefore, as the oldest purely nursing order of nuns in existence. Their first six hundred years of hospital service were probably marked by no more artificial restrictions than were usual in that early time, when women were busy in building up their careers. But, under Innocent IV. (1243-54), who was opposed to self-government in women's religious associations, and following the bishop's decree, the Hôtel-Dieu Sisters were given a rigid rule according to St. Augustine. They became, in effect, a cloistered order, as they could not go beyond the hospital walls except by permission of the clergy.

The historical records deal with their last six hundred years, and show us self-abnegation and toil to a crushing degree, but very poor nursing as we understand it. Repression had its full effect. During the later Middle Ages the church continued to limit women's freedom. In 1545 the Council of Trent decreed that "every community of women should live in strict enclosure." It took two

hundred years of resistance for women to overcome this decree, which worked great hardship on those who felt capable of active, useful careers, yet who desired to remain faithful to the church. The nursing Sisters of France, however, made little or no resistance, and their professional standards retrograded in consequence. From the standpoint of the prosperity of the monastic system itself the growing dogmatism of the clergy was most mistaken, for, ever since the thirteenth century, the gradual trend of things generally had been away from monasticism. With the progress of commerce and trade, the growth of the middle class and the extension of knowledge, monasticism no longer made the same appeal as at an earlier time, nor offered the sole opportunity to the best and finest characters, and, in the fourteenth and fifteenth centuries, efforts vainly made to reform faults of apathy and laxity show us that nursing shared in a general lowering of grade.

And yet the abrupt change brought about by the sudden closing of monasteries during the Reformation shut many hospitals to the sick poor and threw nursing for a time into a state of utter disorganization, for public authorities were by no means ready to take over such work, nor was mediæval Protestantism more liberal in its attitude

toward women. Luther was narrow in his views on women's sphere, and the controversial temper of the time was accountable for a prolonged loss of interest in things charitable and humane.

The altered conditions in nursing brought about by the suppression of the monastic orders were especially striking in England, where, under the violent Henry VIII., the dissolution of the monasteries was carried

Changes in
English
nursing

out in a very drastic manner. There, it is believed, considerably more than one hundred hospitals were summarily wiped out of existence, with their parent orders, and no alternative provisions were made for the sick poor. Nor had secular nursing orders, such as the Flemish Béguines, developed in English life. The records and history of monastic orders of women in England indicate that, whatever their faults as a system may have been, there were great sweetness, charm, and usefulness found in the interior life. Fifteenth century monasticism remained there at its best. In buildings and gardens of the utmost beauty an activity of an idyllic character went on, full of gracious culture, kindness, and loving charity. The nuns practised housekeeping, horticulture, agriculture, teaching, and nursing. This English Benedictine monasticism gave the example of many of the

characteristics found in English nursing today. There was the reasoned and intelligent discipline—perfect, like the military discipline, but infused by a more thoughtful and ethical purpose, gaining therefrom a different tradition, one wholly humane. There was the practical efficiency, the cheerful, balanced poise, the ability to control the situation, the entire devotion called today “keenness” in professional work. The loss of this system left English nursing in a depth from which secular authorities for a long time did little or nothing to extricate it.

The wealth then taken from the monastic orders was turned into institutions benefitting men only, and thus the previous possibilities of education for girls, who had been taught in the convents by the nuns, were lost, and nurses for hospital service were drawn more and more from the illiterate classes. The secular authorities now managed all surviving hospitals, and staffed them throughout by paid attendants. In some details, the English retained the form of the monastic nursing hierarchy. A Matron continued to be at the head of the nursing staff, even though she was in effect little more than an untrained housekeeper, and the title “Sister” was given as before to the head nurse of a ward. An ordinance of 1699 specified

that only the wives of "freemen" should hold the position of Sister. The under nurses were of inferior status.

Among the ancient hospitals thus laicized were St. Peter and St. Leonard, at York (founded 936 A.D.), St. Bartholomew's for Lepers in Rochester (1078), St. John Baptist, near Canterbury (1070), St. Giles-in-the-Fields (1101), St. Bartholomew's, founded by the monk Rahere (1123), and St. Katharine's (1148). The three last named are in London.

For a couple of hundred years after the Reformation, the deterioration in hospital nursing brought about by the changes described continued to spread not only in England but on the continent also. The older system was passing away and the new had not yet unfolded. The political conditions of that period seemed to induce a general apathy and indifference to suffering. The new hospitals erected under city management were mostly cheerless and dreary places, airless and insanitary, very different from the spacious, cloistered, and beautiful buildings of the Saracens and the mediæval monasteries that had been built in wide country regions, with gardens, and fountains flowing through their courtyards.

Nursing of
the six-
teenth to
eighteenth
centuries

The medical profession shared in the dulness of

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this period, and though it was now endowed with an ampler authority in the secular hospitals than it had been in those controlled by religious orders, it had no intelligent nursing staff to assist it, and the patients were regarded as so much material for experimentation. Their comfort was of little account. The doctors continued to encourage a primitive dread of fresh air; bathing was not thought of, or was even tabooed, and weak teas, possets, and thin gruels formed the dietary.

The subjection of women was almost absolute during those heavy centuries, the seventeenth and eighteenth. Protestantism was then even more narrowly intolerant toward them than the older clericalism had been. The witch-baiting and burning that went on gave a test of measurement that was not encouraging, and not until 1735 was the crime of witchcraft struck out of the English laws. The deprivation of education was deliberate and intentional and the closed avenues of self-support prevented women from making organized revolt. The hospital nurse of the laity was now at her lowest point, and in 1752 the directors of English hospitals made an attempt to change the title "Sister" to "Nurse," and that of "Nurse" to "Helper." Fortunately, however, the power of public sentiment made this attempt useless. In

England and on the continent the secular nurse was illiterate, heavy-handed, venal, and over-worked. She divided her time between housework, laundry, scrubbing, and a pretence at nursing of the most rough and ready kind. She seldom refused a fee and often demanded it. Strong drink was her weakness, and often her refuge from the drudgery of her life. She was not often young, but was usually a middle-aged woman, often a powerful virago. Charles Dickens has left us an immortal pen picture of this person in "Sairey Gamp." Because of her type the average family of those days dreaded and avoided the hired nurse and dosed themselves with home-made medicines, for which the recipes were found in herbals, books containing the family medical traditions well mixed with superstitious notions.

The Sisters of the oldest religious orders shared, we have said, in the general deterioration of nursing standards. The example of overwork indeed had been set by the church, for the shift of ward work for the nuns, copied sometimes by the secular authorities, was often a twenty-four hour regular duty. This division of time might have been seen by the observing traveller in Germany and Austria, in hospitals nursed by Sisters, and in vast secular city institutions, as late as 1912.

The limitations of the nuns' nursing work before the Sisters of Charity appeared became more obvious as medical knowledge went in advance of nursing. The Sisters might not care for, nor even look at, any of the parts of the human body except head and extremities. It followed that they could not prevent bedsores, nor keep patients clean. No one knows just when this tradition arose. If it is older than we think, it may explain much of the persistent effort of women through early and late Middle Ages to shake off clerical rule and work under free nursing systems. At any rate, as medical science grew, this tradition of false modesty became more and more untenable for women who had to care for the sick. Then, too, they were continually called away from nursing duties for religious exercises. Possibly this had always been so, but it now began to show more clearly as a defect in system.

The upbuilding of modern nursing began with the work of Vincent de Paul and the French women associated with him in hospital reforms and in the creation of the Sisters of Charity. From the labours of St. Vincent came also the main structure of modern methods in dealing with the many-sided problems of destitution and relief.

Beginnings
of organized
charity and
nursing
under
Vincent
de Paul

In the long, consecrated life of St. Vincent we see a man whose social vision was so far ahead of his time that even yet the majority of his followers have not caught up with him. His lifework was a complete whole, and so we cannot come to the Sisters who especially concern our subject, until we have briefly touched upon the activities that led up to their creation. Vincent de Paul was a parish priest, a man of most simple, unpretending character and unbounded goodness and wisdom. He was born in 1576, and lived until 1660, through a period of widespread misery to which war, pestilence, famine, the destitution of religious refugees, and the horrors of industrial slavery all contributed.

St. Vincent's study of social conditions, and his reflections, brought him to a most advanced point of view. Indeed many of his beliefs were then considered revolutionary. He was convinced that poverty could be abolished. Even in this day organized charities have but recently come to that doctrine, and in his own times, poverty was popularly regarded as a divine chastisement, or, at least, a discipline. He advocated thorough education for the young, including manual training and the teaching of skilled trades. To deal with beggary, at that time a real pest, he would have had farm

colonies formed, and offenders classified, giving each one the work that he was able to do. Beyond this, Vincent de Paul would have had society as a whole contribute whatever else was needed. He saw that some individuals could never wholly support themselves, and believed it was the duty of an organized society to provide for the deficit. To deal with poverty he would first have had friendly visiting based on a systematic plan, that the poor might be personally known. Then relief was not to overlap or fail through inadequacy, but was to be effective and continuous. The groups of men and women who formed under his counsel for work on these lines constituted the first societies for organized charity. But this charity was not to consist only of alms, but of constructive aid.

His support in bringing about hospital reforms was sought by women who had been his aids in friendly visiting. One of them especially, Mme. de Goussault, had been accustomed to visit in the Hôtel-Dieu of Paris, and became so keenly conscious of its needs that she persuaded him to organize a complete visiting service of influential women. They were called the Dames de Charité, and through their efforts an excellent hospital social service department, as we might call it, was

developed, first in the Hôtel-Dieu, and then in other large hospitals of Paris. The close contact of these women with the sick, and with the over-worked Augustinian Sisters, impressed upon them the need of a genuine nursing service. To meet this need in the simplest way, St. Vincent brought young country girls to live in the homes of the Dames de Charité, and to go with them to work in the hospitals under their supervision. This was so successful that in 1633 a group of these young women was placed in charge of Mlle. le Gras, who had been one of Vincent's first co-workers, in a little house on a quiet street, and so developed the order of the Sisters of Charity, perhaps the most widely spread and best beloved of all nursing orders. St. Vincent's rules for the Sisters show how thoroughly he understood the defects of the rigidly organized orders. He would not allow them to take vows, or even to make binding promises. They only promised to remain for a year, but could renew these promises. At the end of any annual contract they might, if they wished, leave and marry. He did not even give them a constitution until they had been organized for twenty years. He wanted them to be professionally instructed, and gave them most earnest counsel about yielding implicit obe-

**The
Sisters of
Charity**

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dience to the physicians. This was radical teaching, for the strictly religious Sisters obeyed the priests rather than the physicians, even, sometimes, in regard to medical orders.

St. Vincent's advice to the Sisters on the need of remaining secular, if they were to be useful as nurses, was uncompromising in the extreme. "My daughters," he said, "you are not religious in the technical sense, and if there should be found some marplot among you to say 'it is better to be a nun,' ah! then, my daughters, your company will be ready for extreme unction. Fear this, my daughters, and while you live permit no such change; never consent to it. Nuns must needs have a cloister, but the Sister of Charity must needs go everywhere."

He wished the Sisters to be instructed in reading, writing, and arithmetic, and suggested that they should form classes among themselves to question one another on the lectures given them by the physicians, in the manner of a modern "quiz." He had no patience with overwork. "Be careful not to overdo," he wrote to Mlle. le Gras, "it is a trick of the devil by which he deceives good souls, to entice them to do more than they can and so make them unable to do anything at all."

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When the Sisters of Charity had progressed to the point where they were sent to distant parishes to do visiting nursing, St. Vincent counselled them not to take more than eight nursing cases at one time. This is just the number that modern visiting nurses have found cannot well be exceeded in one day's work, if good nursing is to be done.

The Sisters of Charity brought youth, enthusiasm, and fresh zeal into nursing. They became widely popular, and their mother houses soon encircled the globe. They took charge of hospitals, founding asylums, homes for the insane, and general parish work. The French army adopted them, and they gave heroic service during the Napoleonic wars. In the early days of the Crimean War, war correspondents after describing the deplorable conditions in the English regiments, pointed out the fact that an ample staff of Sisters of Charity had accompanied the French forces. The order was introduced into the United States in 1808 by Mrs. Seton, at Emmittsburg, Maryland. The Sisters of Charity now have many training schools for nurses on the modern system, in their hospitals, in this country and in Ireland.

The painful social conditions of the eighteenth

century stirred a number of humane men to devote their powers, as St. Vincent de Paul had done, to ameliorating the miserable lives of the unfortunate. Prominent among these was the English philanthropist John Howard (1727-1789) who investigated prisons all over England and in continental countries. Dungeon horrors which no one but he had ever seen, excepting the wretched prisoners and jailers, were recorded and reported by him in writings which made a profound impression and brought about certain improvements. Incidentally, as he came to them, Howard visited hospitals, and he made a thorough examination of lazarettos in Europe. In his book *Hospitals and Lazarettos* he has given many illuminating criticisms which picture the nursing conditions very clearly. They were usually deplorable. The only commendations he had to give were for the Sisters of Charity and the Béguines.

The conditions of the indigent insane were perhaps even worse than those of prisoners. The details of the cruel tortures to which they were often subjected under the ignorant supposition that terror, cold, and shock helped to subdue them, are indeed too painful to recite, yet everyone should read, in reliable sources, the dreadful facts

in order to realize how lately we have come out of barbaric darkness and how much still remains to be done to attain universal civilization. The pioneers in treating the insane without forcible restraint will be mentioned in a later paragraph.

In the latter part of the eighteenth century several advanced physicians, French, English, and German, realized the need of skilled hospital nursing, and, in the effort to improve the existing personnel, they wrote text-books on nursing technique and the management of the sick. Some of these books were very good indeed. The illiterate servant-nurses did not read them, but other physicians and intelligent social workers did, and the subject was agitated and discussed.

Progressive
physicians
write on
nursing
reform

Among religious bodies the Society of Friends had always stood for the equality of men and women, and their influence was felt, in time, by prominent dissenters such as Wesley, who advocated a wider sphere for women along evangelical and humanitarian lines, while the Established Church, chief bulwark of English conservatism, held longest to a negation of all such subversive views.

Attitude of
religious
bodies to
women's
work

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The saving influence of the eighteenth century was that vast human aspiration which culminated

The on-coming of rationalism in the French revolution. Radical groups of the century, led by rationalists and intellectuals of France, did

more than any others to undermine, by ridicule and by reason, the old debasing superstitions that underlay the social order. Toward the end of the eighteenth century the degraded position of women received attention from English pioneers in the woman movement. Mary Wollstonecraft's famous

Women who were path breakers and epoch-making book, *A Vindication of the Rights of Women*, was written in 1791. The "rights" claimed by this radical and brilliant woman were, in

effect, simply human rights, to be impartially applied to women as human beings. Conservative women were led more cautiously by Hannah More, who wrote strictures on the *Modern System of Female Education* in 1799. She was one of the humanitarian blue-stockings of England, and sincerely devoted to the welfare and education of the poor, but her aim was rather to make them submissive to their lot than to change it. Neither of these women had anything to do directly with nursing, but their influence, one on the advanced, the other on the conventional activities of women was very great.

Two women were born in the closing years of the eighteenth century who, in their early middle life, became closely associated with the revival of nursing under the Fliedners. They were Elizabeth Fry, the English Friend, and Amalie Sieveking of Hamburg, Germany. Mrs. Fry, beautiful, earnest, intensely religious, and an eloquent, impressive speaker, was a leader in prison reform. Through her work among the women in Newgate prison she became widely known as a philanthropist, and formed close relations with similar leaders of humane thought elsewhere. Among these was Amalie Sieveking, a single woman of independent means, whose altruism had led her into volunteer hospital service during an epidemic of cholera. She had for a time thought of devoting herself entirely to nursing, but circumstances prevented this, and her life was spent in general philanthropy. She had a gift for wise counsel, and was directly concerned in this way in the development of Kaiserswerth. Mrs. Fry had also a deep interest in Kaiserswerth, for her work with prisoners had made her long for a service of visiting nursing for the poor, and she finally founded a society for this purpose, but died before it was well advanced.

The beginning of the nineteenth century saw

the great modern revival of the Deaconess of the early church under Protestant auspices, at Kaiserswerth on the Rhine, almost exactly two hundred years after St. Vincent de Paul had brought her back to the Catholic church. The mother of the Kaiserswerth deaconesses was Friederike Münster, born in 1800, just twenty years before Florence Nightingale, and married when very young to pastor Theodor Fliedner. He in 1822 had gone to England to beg help for his little parish and there he met Elizabeth Fry, who inspired him by her work in prisons for women. In 1833 pastor Fliedner and his wife opened a tiny refuge for discharged prisoners. This was the first budding of the later vast organization of Kaiserswerth and its branches.

The need of care for the sick poor impelled the Fliedners to open a little hospital in 1836. Pastor Fliedner had seen Protestant deaconesses at work in Holland, and wished the Evangelical church to have the advantage of such a body of workers as the Sisters of Charity. His wife was even more certain than he just how it could be made a success, and induced a friend of her own, Gertrude Reichardt, daughter and sister of physicians and experienced in the care of the sick, to enter as the

first deaconess. Other young women entered, all carefully chosen. They might come from plain families, but all were required to be of blameless life and upright character. When six had been chosen the work of the tiny establishment was divided among them in departments. One had the cooking and housekeeping, another the laundry and the linen, another had charge of the women's ward, and so on. After a certain time in each service, they were changed about so that experience should be uniform. They received theoretical and bedside teaching from physicians, studied pharmacy, and passed the state examination on this subject. Pastor Fliedner taught them ethics and religious doctrine, and his wife practical nursing. The Kaiserswerth experiment was successful beyond the fondest hopes of its friends. An extensive hospital grew up there, with dependencies and auxiliary buildings, and many related institutions were developed under the wise rule of the Fliedners, especially one for the insane, who were treated with great kindness and remarkable intelligence. As the reputation of the deaconesses spread, applications came in from other places, and groups of them were placed in other hospitals, and taken to other countries. In time the Kaiserswerth Motherhouse developed so many

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daughter houses that it was like a great tree with its branches. Friederike Fliedner was the creative partner in working out the training of the deaconesses. She kept a journal in which she recorded all her experiences, and framed the principles and methods that this experience showed to be correct. Her journal was never published, and this is much to be regretted, for we have reason to think that it supplied the material used later by many pastors in copious writings on the principles and practice of training. It was probably the first book on nursing ethics and the practical training of nurses written by a woman—a treatise that would have been a historical treasure. It contained a motto which gives the keynote to Friederike's ideals: "The soul of service must never be sacrificed to the technique." Friederike died in 1842, and a second wife, Caroline Bertheau, was equally remarkable as a helpmate to pastor Fliedner and as the head or Mother of the deaconesses.

The Kaiserswerth deaconess was not intended to be a narrow specialist, but was to be prepared for every kind of service that might be needed. She was taught nursing, teaching, the management of children and convalescents (this included occupational work and organized play and recreation), parish visiting, and religious theory, so that she

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might read and interpret the Scriptures, pray, and instruct.

Modern training schools may trace very definite lines back to Kaiserswerth in discipline and general arrangement, and the fact of Miss Nightingale going there later gave it a direct association in sentiment with our profession today. Kaiserswerth developed a preparatory school for probationers in 1865. The grading of junior, senior, and head Sister, with the Matron as head of all, was like the modern training school. There was no social caste in the deaconess order. All probationers entered and went through on an equality. The deaconess was not bound for life—she might leave and marry. The whole influence of the church, however, was bent toward persuading her to make her career a lifework. In sickness and in old age she was cared for. During her working years she was supported, but not paid.

In its early stages the deaconess movement gave an outlet and opportunity to young middle-class women who would otherwise have been doomed to dull inactive lives. It was thus a most important step in the emancipation of German women, and was, for them, the beginning of a liberal education. As the Motherhouse grew too small and restricted to contain all its daughters,

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these were compelled to go beyond and seek ampler spheres in the wide world. Not a few ex-deaconesses led a later movement in Germany for a free nursing association.

From the nursing standpoint the deaconesses, like the Sisters of Charity, brought about a great reformation in hospital service and institutional work generally. They treated patients with loving kindness, as individuals, not only as cases. They obeyed scrupulously the directions of physicians, and brought an atmosphere of peace and sweetness into the plainest and dullest wards. The weak point of the system was its unpaid labour. The greater the number of nurses needed, the less could the Motherhouse support them all in old age and illness, especially as overwork caused many breakages in health. To prevent questionings and dissatisfaction, the pastors who, subsequently to the Fliedners, founded deaconess houses, became too repressive and narrow in binding down their pupils to a complete negation of intellectual life and mental initiative. They came to laud self-abnegation, humility, and submissiveness to an absurd degree, and so brought about a reaction which gradually led to institutions, similar in form, but of a more liberal character being founded.

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After the dissolution of the monasteries in England there were heard, from time to time, complaints made by progressive men of the lack of any worthy career for unmarried women. Not a few observers noted the sad condition of the sick, and bewailed the fact that the Anglican church had no such body of workers as the Sisters of Charity. The first effort to meet this need was made under the inspiration of Elizabeth Fry in 1840, and a group of women were organized who were at first called Protestant Sisters of Charity, but later "Nursing Sisters." They received some training in Guy's hospital and were prepared to be sent to private duty. This Institute still exists and specializes successfully in private work.

Protestant
orders in
England

The Anglican church next developed Sisterhoods, not primarily for nursing, yet with all of them nursing became a prominent interest and some of their members reached a distinguished place in the care of the sick. Epidemics were frequent in those days, and the Sisters courageously nursed smallpox and other infectious diseases. First of these orders was the Park Village Community, initiated by Pusey in 1845. Its members had no training in nursing, but did friendly visiting among the poor and the sick.

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In 1848 an order of Sisters of Mercy was founded by Miss Sellon, which had extensive epidemic experiences, and developed a well-planned hospital training. (The frequency of epidemics is explained by the insanitary conditions generally prevalent. It was only after Murcheson, in 1838, had advanced the theory that disease was caused by filth, that cities began to install sewage systems.) St. John's House, founded in 1848, was the first purely nursing order of the Anglican church and has had an important part in English nursing reform. For a long time its Sisters had entire charge of the nursing in King's College hospital. The influence of St. John's House has been very great and wholly admirable. After King's College established its own training school St. John's House continued for a long time as a private institute. In 1918 it terminated its corporate existence.

The Sisterhood of All Saints, whose first head was Miss Byron, was founded in 1851. It became an important factor in hospital nursing. St. Margaret's, founded by the Rev. Dr. Neale in 1854, had many members who devoted themselves to nursing, but they had little training.

The influence of the Anglican nursing orders was very great, because the women who entered them were of admirable culture, refinement, and capacity.

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They set a high standard wherever they went, and began the work of rescuing nursing from the depths into which it had fallen. They were the pioneers of English reform, and had some trained women ready to go with Miss Nightingale to the Crimea. Their limitations in developing hospital work widely were the result of the antiquated formula they had adopted for their organized bodies. A freer form was necessary, and this was to be Miss Nightingale's mission.

Medicine and surgery were not well advanced in the first half of the nineteenth century. The prevailing explanation of disease was that it developed spontaneously. The germ theory was not yet formulated, though Pallanzani and other Italian scientists had begun in the eighteenth century to study microscopic forms of life in water and in putrefying materials. Infection and contagion were not understood, and orthodox medical opinion ignored the insurgents who offered new ideas. Oliver Wendell Holmes's illuminating article proving the facts as to puerperal fever had little immediate effect. Still worse was the treatment given to Semmelweiss (1818-1865), who applied his belief in the theory of infection in his work in the Vienna Maternity hospitals with

Medicine
and surgery
in the
early
nineteenth
century

wonderful results to the patients, but who met only professional prejudice. Villemin, a French physician who proved experimentally that tuberculosis was infectious, was also little noticed. He did not, it is true, isolate the bacillus, which might have been conclusive. This was to be the later work of Robert Koch, the German medical scientist.

Surgery was even in a worse state than it had been in the later Middle Ages, and had a higher death rate, for the followers of Paré had used flame, boiling water, and alcohol in their technique, but the early Victorian age was an age of poulticing. It was believed that pus was essential to the repair of tissues, and the most virulent forms of sepsis were of common occurrence. This was the more unfortunate, since the discovery of ether by Morton (1846 in Boston), and of chloroform by Bell (in London) and Thompson (1847, Edinburgh), gave promise of new fields for successful surgery. But the latter half of the century, as we shall see, brought the light that dispelled this darkness.

The nineteenth century as a whole was remarkable for its display of intellectual wealth. Every direction of human life was affected by the revival of spiritual force as manifested in philanthropy, science, art, literature, and social life. The early

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abolitionists laboured to abolish slavery. Sympathy with the industrial revolution exposed the evils of the factory system and child labour. Political democracy made headway in the extension of the ballot to working men. The first claims for woman suffrage were put forth in England and in America. Women pioneers pressed forward into new spheres of work, into medicine, the law, and even the church. The first colleges for women were opened—Holyoke (1837, U. S. A.), and Queen's College (1848, London). In science there were revolutionary events. Darwin (1809–1882) propounded the theory of evolution which shook orthodox society like an earthquake, while subsequent researches into the nature of elements grew more and more sensational. And yet the characteristic middle-class type of the Victorian age was one of exaggerated “primness and propriety.” Orthodox men and women still clung to the legend of “female delicacy” and many vital subjects were taboo. This wall of philistinism prevented many women from seizing the new openings for careers, and compelled the pioneers to superhuman exertions in breaking through. It resulted, therefore, that the leaders of the new woman movement were of heroic type and distinguished for intellectual power. If, in addition,

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they belonged to that select circle which, in every country, cultivated the liberal and the fine arts, so much the better for them and their chosen work. Such a woman, and of such a circle, is the subject of our next chapter.

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CHAPTER VII

FLORENCE NIGHTINGALE, FOUNDER OF MODERN NURSING, AND HER TIMES

THE young nurse who today reads the history of her profession has an inestimable advantage in being able to study the life of Florence Nightingale (1820-1910) in the biography authorized by Miss Nightingale's family and written with insight and understanding by Sir Edward T. Cook. It is not too much to say that no nurse can gain a correct perspective of her calling unless she knows something of Miss Nightingale's career. In her fascinating "Life" we learn of the struggle of the girl to free herself from the artificial conventions of society; we see what a specially cultured—even deeply learned—woman was able to do in advancing and ennobling the work she chose; we see her in the practical constructive work of a nurse of supreme ability; with literary talents, framing a philosophy of nursing principles which

Early life
and
education

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has become classic. We learn to know the personal quality which carried her influence around the world. We see also, and many learn for the first time in reading her biography, that she was an eminent sanitarian and statistician, with an intense passion for hygiene and the conservation of health. Finally, we are shown the commanding intellectual gifts and insight for affairs which would have sufficed to equip a great statesman, and which enabled her to confer in public matters with men in government, always as their equal, often as their superior.

Miss Nightingale belonged to an English family possessing every advantage of wealth and social position. That choice circle, in England and on the continent, was highly cultured, so that Miss Nightingale was educated with a thoroughness very different from the preparation of the average English girl.

She was drawn to nursing with an intense and compelling desire, and wished to enter an English hospital when she was about twenty-five, but her mother could not bear the thought. At last, in 1851 (she was then thirty-one), she obtained her family's consent to a period of training in Kaiserswerth with the *Fliedners*. She went there first, to look over the place,

Prepara-
tion for
nursing

for a couple of weeks, and then returned for a three months' stay. Before this, in her travels, she had visited and thoroughly inspected hospitals and nursing systems in many continental countries as well as at home. In 1852 she visited Ireland and inspected the Dublin hospitals. In 1853 she had made an arrangement to serve an apprenticeship with the Sisters of Charity in Paris, but this plan was frustrated by illness, and she was able to spend only one month with them in studying their organization and discipline. Her published analyses and comparisons of nursing systems in France, Austria, Italy, and Germany date from this period.

After her brief stay with the Sisters of Charity, Miss Nightingale took charge of a private nursing home of a semi-charitable character in London, and had an opportunity to prove her unusual executive ability; but it did not satisfy her, for her desire was to train nurses and work in a wider field. About that time, too, she had intensive experience in nursing cholera in the Middlesex hospital, where she volunteered her services during an epidemic.

She was then known far and wide for her nursing aspirations and also for her gifts of organization and command.

As we consider Miss Nightingale's preparation

First
executive
work

for her work we see that she was chiefly self-taught. In her youth she had embraced every opportunity to nurse among her own relatives and dependents, and these opportunities had been frequent and often exacting. Her studies of hospital systems were exhaustive, but her own actual training as we understand the word was of the briefest. Her probation at Kaiserswerth was indeed the only real training she had, yet in after years she demurred to having it said that Kaiserswerth had trained her, and held that the hospital was the poorest part of the deaconess institution, and that the nursing there was very crude. These facts show as even more remarkable her own extraordinary attainments, for not only in directing others but in all her personal work as a nurse she was peerless. Her own standards and tests were so much more thorough and exacting than any others of her day, that she was satisfied with nothing less than perfection.

The Crimean War broke out in 1854, and Miss Nightingale's great opportunity came to her. Sidney Herbert, then Secretary at War, (the Duke of Newcastle was Secretary for War), was her personal friend, and his political influence and personal character were such that he could dare to do things

not strictly in his routine work. He was an active reformer and earnest humanitarian. Though it was then unheard of for women who were not in religious orders to engage in army nursing, he determined to try the experiment, for distressing accounts came from the front of the neglected condition of the sick and wounded British soldiers. The Russians and French both had their Sisters of Charity; the English had no nurses. Sidney Herbert turned to Miss Nightingale as the only woman in England in every way fitted to take charge of such a venturesome and critical undertaking, and in October she went to the East with a staff of forty nurses, some of whom were Roman Catholic Sisters, others from Miss Sellon's Sisterhood and from St. John's House, while the majority were practical nurses from different hospitals, not gentlewomen, but in some cases good efficient workers. They landed at Scutari on November 4th, and were established in the large Barrack Hospital. They found the most horrible conditions—a vast hospital with no sewage system, no laundry, no supplies, no fit food for sick men. The men were devoured by vermin and were in a most pitiable state of neglect. The death rate was from 50 to 60%. During the time she was in charge Miss Nightingale organized all the hospitals throughout the

Crimea, and some 200 women nurses in all passed under her control.

Miss Nightingale's dominant intellect and character, with her exact and complete knowledge of practical detail, enabled her to do a truly stupendous piece of work in the Crimea, and she had to do it in the face of every obstacle that official jealousy, red tape, and bureaucratic inefficiency could present. Though she systematized a nursing service for the first time for the English army, and gave the first demonstration any country had seen of a trained gentlewoman who was not a religious Sister at the head of an army nursing staff, having orderlies as well as nurses under her command, yet this was not the biggest part of what she did. From the nursing standpoint all this does not seem extremely difficult, and the number of nurses directed by her was small indeed compared with the numbers enrolled in England during the recent world war. The extraordinary achievement of Miss Nightingale in the Crimea was that she practically overthrew the whole method of managing the British army which had obtained up to that time and was regarded as sacrosanct by the bureaucrats. She turned the searchlight of her intelligence and knowledge upon it and exposed all its faults. Following up her discoveries, she wrote

to Sidney Herbert reams of fearless and unsparing criticism, accompanied in every case by constructive recommendations. Under her untiring energy, the death rate fell to one never known in the army even in peace times, to twenty-two per thousand from over forty per cent. What she learned then of war office methods gave her weapons for the subsequent contest which she carried on with that department of government.

During her stay in the Crimea she established, besides the nursing service, laundries and diet kitchens; brought about the installation of extensive sanitary engineering works; provided supplies of every kind, —clothing, food, equipment, and surgical dressings for the patients and the nurses, whenever the army system failed to do so, which at first was almost always;—interested herself in the medical department, procured equipment for a laboratory, and was chiefly instrumental in bringing about an army medical school. When the first desperate rush of nursing organization was over Miss Nightingale initiated for the first time in any army all those numerous activities designed to cheer and help the individual soldier, which have been so marked a feature of the late war. She was the first Red Cross and the first War Camp Commun-

Social
service
for the army

ity Service. Many of the branches of active assistance on such lines begun by her were taken over afterwards by the war department. She organized a post-office and a savings fund for the men, provided rest and recreation rooms for them, fitted up convalescent camps, supplied them with opportunity for study, investigated every detail of their health, dietary, and routine, and organized systematic care for their families.

It will be interesting to modern army nurses to know that Miss Nightingale did not have official rank given her until intrigues and jealousies among the army medical staff had so nearly undermined her position that she threatened to resign. The culminating point of this cabal was that in some way a second party of nurses was sent out from England, without her knowledge or request, and they were not assigned to her, but were to report for duty to a military surgeon who was her chief enemy. Sidney Herbert was not to blame for this. It is not made clear in her "Life" who was at fault, but Miss Nightingale's hold on the affections of the English people was so close, and she had to such an extent the support of the royal family, that she was able to maintain her position. She at one time wrote of the War Office: "It is profuse in empty

The
question
of rank

praise which I do not want, and does not give me the real business-like efficient standing which I do want." After this she was given the title "General Superintendent" of the nursing staff, and her authority was defined by the War Office. She always knew, though, that she could have prevented many mistakes had she been earlier endowed with official status.

While in the Crimea she had an acute illness, and this, with her exhausting labours, left her a semi-invalid for life. She might indeed by rest have recovered her strength, but she was inspired by a white flame of intense purpose to remodel and save British armies in the future and would give herself no rest.

After the war was over Miss Nightingale maintained for many years a close contact with the war department, to push for reformation of its antiquated methods, the terrible results of which she had seen in the Crimea. This period was the most intense and in many ways the most remarkable period of her life. Through a number of administrations she was a power behind the government, and all the reforms in army organization that have been brought about since that time were minutely set forth in her official reports and private papers to ministers.

Campaign
for the
soldiers'
health

It seems to us now that she made a great mistake in not publishing a full history of all that she saw and learned and did during the Crimean War. It would have been a stunning disclosure of army methods of that day and would have saved her health and strength. She threatened at one time to do this if fundamental reforms were not carried out by a certain date.

After this she took up the subject of sanitation in India, and for many years was absorbed in the work of influencing administrations in India on health saving lines, which carried her as far as the land question, irrigation, taxation, and usury. This vast subject had her constant preoccupation until her ideas had begun to bear fruit in the actions of governor-generals, and during her whole life she wrote of and kept watch upon Indian affairs. Miss Nightingale's most remarkable writings are those dealing with India and the health of the British army, but as they were not printed for general circulation they are very little known.

The British nation in gratitude to Miss Nightingale gave her a large sum of money which she used to found the training school for nurses of which she had always had the vision. She had hoped to direct it in person, but her health forbade

this, and it was established in St. Thomas's hospital, in June, 1860, under the superintendency of Mrs. Wardroper, Matron of the hospital. However, Miss Nightingale kept in the closest touch with the school until her old age, and was for many years in effect its superintendent, for every detail of management was referred to her and she became personally acquainted with every probationer.

The
Nightingale
training
school for
nurses at
St. Thomas's
hospital

Her intention for the school was, not that it should provide nurses for private duty, but that it should train them to go into other hospitals and there, in turn, organize, teach, and train. Her favourite phrase was "Nursing Missioners." The Nightingale nurses were to be the leaven by which the entire nursing world as it then existed was to be altered. This master plan was brilliantly carried out, as the history of pioneer nursing in other countries shows. The whole existing system of nursing in civil hospitals was revolutionized by the introduction into them of educated, trained, and refined women. There was opposition at first, but it gradually died away, and a new era resulted in hospital work, gradually bringing on, also, an equally startling change in private duty and home care.

For many years Miss Nightingale had a world-wide and unparalleled influence not only in hospital and nursing matters, but in general questions relating to health and sickness, for all the world laid its problems before her for her advice. The two best known of her books are *Notes on Hospitals* (1858), and *Notes on Nursing: What it Is, and What it Is Not* (1859). These two works, aided by her personal influence, brought about a new point of view. She also went deeply into the subject of midwifery and wrote a book on this subject.

The specially revolutionary feature of Miss Nightingale's plan for nurse-training has been to a singular degree overlooked by commentators and even by nurses. It was, in short, nothing else than the positive mandate that the entire control of a nursing staff, as to discipline and teaching, must be taken out of the hands of men, and lodged in those of a woman, who must herself be a trained and competent nurse. Before her school opened, nurses were entirely controlled as to discipline, routine of work, and plan of education or no education, by hospital directors and medical staffs, Hospital Matrons, indeed, within a fixed sphere were endowed with autocratic powers. This was the English system. But those powers were

Notes on
hospitals
and on
nursing

sharply limited by the hospital governors. To change this was her fundamental principle. Proof of this statement can be found in her letter to Dr. Gill Wylie, when he went to see her to ask advice about opening a training school in Bellevue hospital. Next to this in importance, from the revolutionary standpoint, was her insistence on the high possibilities of nursing as a secular career. She described it as an art requiring the most assiduous preparation. She took away from it the popularly sentimental ideas of martyrdom, penance, and charity, and declared it a life full of the most complete satisfaction and worth-whileness. She was strongly religious, but regarded practical life as the best religious service. She disliked conventional, formal religion, and hated cant, equally she hated superficial amateurishness, and continually adjured women, often in spicy terms, to fit themselves thoroughly for life by hard work and study.

Miss Nightingale was closely associated with the United States Sanitary Commission and the many women who took charge of army relief work during the Civil War. In correspondence she gave them continuous advice. At home she was in touch with every social worker. She co-operated

Influence of
Miss Night-
ingale with
her contem-
poraries

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with Harriet Martineau in the articles written by the latter on the Regulation of Vice, giving her many figures to use. She also in 1862 wrote a confidential paper for the government on the Continental system of the regulation of prostitution. In 1858 she was elected a member of the statistical society. She was a pioneer in the graphic method of exhibiting and working out adequate hospital records, correct mortality tables, and a logical classification of diseases. She worked with the promoters of the better-housing question, and earnestly advocated village hygiene in rural regions, and the training of health visitors. She co-operated with Mr. Rathbone of Liverpool in founding district nursing in 1862, and gave him the counsel by which the Royal Infirmary of Liverpool was brought to train nurses for this and other purposes. In 1865 she was instrumental in placing Agnes Jones in the workhouse infirmary at Liverpool. This began the transformation of those places of horror to well-managed, model hospitals. Miss Nightingale also wrote timely letters to the press when district nursing was about to be established in London on a wide scale. Her clear and forceful ideas on public health preservation, popular methods of teaching health principles, and the care of children, under-

lay her whole life work, and were emphasized on every occasion.

Though Miss Nightingale in her youth might properly have been called a revolutionary, she showed in her later life what is so often seen, that at a given point the old cannot go on with the young, who then pass beyond to further stages of activity, either by evolution, revolution, or both.

Miss
Nightingale's
conservatism

When the expansion of English training schools, the increasing number of nurses, and the inevitable variation of professional standards brought about economic and educational difficulties such as nurses in every country have experienced, the younger generation in England realized the need of self-organization, self-government, and the attainment through state regulation of a basic minimum of training which should be the "one portal" to professional life.

Miss Nightingale was wholly out of sympathy with this new movement, carried on by the young in English nursing, and lent all her great prestige to the opposition. No doubt her years of seclusion made it difficult for her to realize the newer conditions. Then, too, her individualism was intense, and she believed individual merit would be lost or "leveled down" under state licensing. Yet she

knew this was not true in medicine or teaching. Her theory was that the nurse must remain in such close relation with her training school that it would always continue to supervise her work and give testimonial to her training and ability, and that this would be all-sufficient. She was therefore logically much opposed to self-organization of nurses in a national self-governing society, and from her invalid's room prepared all the arguments against this which were used by the reactionary elements in hospital, medical, and press circles. Her thesis, though mistaken, was sincere, and her purpose was pure and high. Unfortunately her arguments were used by many persons whose intentions were the reverse of hers, and whose methods were crafty in the extreme.

Miss Nightingale's protests could not prevent the younger generation from organizing, but her powerful support did enable the opposition to defeat, during her lifetime, the attainment of state registration. The Nightingale nurses never formed an *alumnæ* association, though some English training schools, in the decades of 1880 and 1890, developed them under the name of "Leagues." Nor were the "Nightingales" encouraged to join other nursing societies, and few did so in the period we are considering.

Another, and a quaint example of conservatism on Miss Nightingale's part, was her great dislike of the "germ theory." She expressed this at times in the wittiest epigrams. It seems as if she thought the belief in germs would weaken the doctrines of sanitation in which she believed so strongly, and from some lines in her writings one may gather that she remained true to the belief in the spontaneity of diseases. We point out these evidences of fallibility because an attitude of uncritical adoration for a great person is unintelligent, and no one more than Miss Nightingale would have been displeased by it.

Miss Nightingale's personality was so fascinating that she was literally adored by men and women as if she had been a semi-deity. Her mental brilliancy and her wide learning made her conversation and letters absorbingly interesting. Her "Life" shows this vividly, and there is nothing in biography more engrossing than her written comments on books and people.

She died in 1910, aged a little more than ninety years, and was quietly buried, by her wish, in the little churchyard at East Wellow, though she might have rested in Westminster Abbey, had not her family respected her desire for simplicity in death, as in life.

Miss Night-
ingale's
personality

The life work of Louis Pasteur (1822-1895), the French chemist who announced and demonstrated the part played by microscopic forms of life in the processes of fermentation and in the development of infectious diseases, brought about a revolution in medicine that has had no parallel since the day when Hippocrates denied the influence of demons as the cause of illness. The natural causes declared by Hippocrates were demonstrated and explained by Pasteur, who, beginning with the fermentative processes in fruits and plants, went on to the study of virus ferments, antitoxins, inoculation, and immunity. Pasteur was not a physician, but although his revelations completely undermined the current orthodox medical belief in spontaneous generation, he was acclaimed and revered by all the great medical men of his day, and was made an associate member of the French Academy of Medicine. There he expounded year by year his progressive discoveries. The year 1863 is taken as the date of formal announcement of the germ theory. Pasteur's earliest studies of fermentation were seized upon by Joseph Lister (1827-1910), the eminent English surgeon, and applied by him so successfully in the technique of surgical work, that Lister's name became as renowned as that

Progress in
medicine
and
surgery

of Pasteur. He completely revolutionized surgery, by practising, first, antisepsis, and then asepsis. In the light of the germ theory one disease after another was studied afresh. The bacilli of tuberculosis and of Asiatic cholera were verified by Koch (1882), (1884). The typhoid bacillus was isolated by Eberth (1880) and the disease itself had been proven to be infectious by Budd, an English physician in 1873. In 1883 Loeffler discovered the diphtheria bacillus. The perils of yellow fever were banished by the writings of Finlay (1886), and the experiments of Reed and his colleagues (1900), which showed the part played by the mosquito carrier. We can give no more space to these details. Suffice it to say that the germ theory, far from weakening the claims of sanitation and hygiene, gave them, for the first time, irresistible strength, and laid the groundwork for all modern health movements.

Miss Nightingale's revolution in nursing accompanied the medical revolution, and made ready the skilled assistants needed in the rapid advance of medical and surgical science.

During the lifetime of Miss Nightingale there arose most of the new movements for social progress and humanitarian advance with which students are familiar. Industrial reform work with

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neglected children (1854-55) centres about the name of Mary Carpenter. The remodelling of Social and workhouse management on humane humanitarian lines was chiefly the labour of Louisa Twining. Organized charity, forming movements of the latter part of the nineteenth century in associations after 1869, received its warmest element through the spirit of Octavia Hill as revealed in her friendly visiting. A more intelligent and sympathetic understanding of problems of poverty resulted from the studies of Charles Booth and of the prominent figures in the university settlements of London. The modern study of eugenics began with the work and writings of Francis Galton, whose initial articles appeared in 1865-69. These and other similar lines of social advance have closely touched and strongly affected the education and life-direction of the trained nurse. Deeply significant also in a far-reaching way, though of slow and different advance, was the attack made, first upon the continental system of regulated prostitution and finally upon prostitution itself by Josephine Butler and the small groups of men and women associated with her in the last quarter of the nineteenth century. Their work was the starting point of the modern crusade against venereal disease.

The International Committee of the Red Cross was founded by Henri Dunant, a Swiss humanitarian who had seen the horrors of war.

He first presented his views to the Society of Public Utility in Geneva (1863).

The Red
Cross
Committee
founded

His plan for societies for relief in war, organized nationally and affiliated internationally, with permanent headquarters in Geneva, was adopted in 1864, when the formal treaty was signed by the representatives of several nations there present. M. Dunant ascribed to Miss Nightingale the credit for the proposal, saying that what she had done in the Crimea inspired his ideas and fortified his belief in their feasibility. Red Cross societies were thereafter built up with zeal and thoroughness in many countries, and older groups descended from the military nursing orders, such as the St. John's Ambulance and Aid Societies, and women's associations which had attempted relief work in earlier war affiliated with the Red Cross.

The principles on which the Red Cross was based were neutrality in war, impartiality as between friend and foe, centralization, and preparedness at all times for war relief. The Red Cross was to be respected in war time, and neutral countries might help belligerents in aiding the wounded, without infraction of neutrality. The promoters of the

International Red Cross hoped that its humanizing influence would tend to diminish war, that it would "make war upon war." At first this hope did not promise any fruition. The most militaristic countries developed the best organized and most flourishing Red Cross associations, and the more perfect their machinery, the more completely they were subordinate to war departments. Up to the time of the last war the most complete and thorough-going national societies were the German and the Japanese. The Red Cross attained its official character by the ratification of its treaty by governments. Abroad, the presidency of the national society was always assumed by king or emperor or president of a republic as the case might be. The United States Congress hesitated long to ratify, as it feared international complications.

The great apostle of the Red Cross idea in the United States was Clara Barton, a New England woman, of small means but rare benevolence. Throughout the Civil War she had carried on a remarkable piece of relief and nursing work as an individual relying on her own initiative, and in the Franco-Prussian war she had accompanied the German Red Cross ambulances. She then worked

Entrance of
the United
States into
the Red
Cross

unceasingly to secure the adhesion of the United States to the Red Cross, and formed a group called the American National Committee of the Red Cross for the relief of suffering by war, pestilence, famine, fire, flood, and other calamities.

The Senate did not ratify the treaty until 1882 when it was signed by President Arthur. He however declined the presidency of the Red Cross committee and Miss Barton held this office until her retirement. In 1904 by act of Congress the American Red Cross was reorganized and the President of the United States was made its head, while other officers of the government were placed on its board, thus giving it a status conforming to that of other countries. At the Genoa conference (1884) Miss Barton supported the view then gradually gaining ground that relief should not be restricted to war service. Her influence had a large share in the acceptance of what were sometimes called the American amendments.

Clara Barton's unselfish idealism in the cause of the Red Cross was generally recognized abroad. With the passing of her generation she has been partly forgotten. She was strongly individualistic, a teacher rather than an organizer. Her connection with nursing was slight but interesting and is told in full in our History of Red Cross Nursing.

The European Red Cross societies had an extensive influence on nursing, which will be met in some detail in the outlines of different countries. It broadened the teaching of nurses beyond that of the mother-houses but often failed to reach the Nightingale pattern. As the Red Cross had to raise its own funds in every country, not being financed by governments, but rather helping them in that respect, it was obliged to make reliance on volunteer aid one of its main planks. It did also make the training of nurses one of its foremost purposes, but financial limitations and the ignorance of unprofessional leaders often compelled a short and insufficient training to be accepted. A point that is important to nurses is that of the effect of Red Cross organization upon self-governing societies of nurses. In foreign countries it often made such organization more difficult, because it controlled numbers of training schools, and held nurses to a strict separatism and exclusive loyalty. While they remained in its service they could not join other societies, but were regarded as part and parcel of Red Cross equipment for war time. They could, of course, leave when they chose, but many opportunities of employment were then closed to them.

**Influence
of the
Red Cross
on nursing**

While in one way the Red Cross organizations of European countries appeared to be democratic, in that they brought men and women of all classes together in activities for a common purpose, they were in reality intensely aristocratic in all executive features, and became indeed the favourite hobby of queens and women of the nobility, as war was the great game of kings. When the American Red Cross came to organize a nursing force it did so on a different plan as will be told later. And also as time went on a broader international basis of service was taken under the Red Cross flag which will be described in a final chapter.

Aristocratic
tendency of
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Red Cross

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BOARDMAN, *Under the Red Cross Flag.*

PICKETT. *The American National Red Cross.*

BARTON, (WILLIAM). *The Life of Clara Barton.*

RAVENEL. *A Century of Public Health.*

CHAPTER VIII

NURSING IN AMERICA

ANCIENT Mexico, said Bancroft, had hospitals well endowed and attended by physicians, surgeons, and nurses. Medicine was a study dating from remote antiquity, and women physicians were common, while all obstetricians were women. In the time of the Spanish occupation of Mexico hospitals still existing today were built, such as the Immaculate Conception in the city of Mexico (1524), and a hospital in Santa Fé (1531). These antedated the oldest hospitals in Canada, which were the Hôtel-Dieu of Quebec (1639) and of Montreal (1642). The former was staffed by a group of French nuns of the Augustinian order sent out by a niece of Cardinal Richelieu, the Duchesse d'Aiguillon; the latter by Sisters of the order of St. Joseph de la Flèche, under the leadership of Jeanne Mance, a remarkable woman who, at the age of thirty-four, felt a call

Early
French and
Spanish
hospitals

to go from her home in France to the new world of Canada. She led there a long life of great usefulness. Her statue may be seen on the Maisonneuve Monument in the Place d'Armes of Montreal. The Grey Nuns have also had a large share in pioneer hospital and emergency nursing work in Canada in the early days.

The New England settlers brought with them their customs and beliefs from the old world, and, in the hardships of their pioneer life, had little time or inclination to foster the humanities. Nursing and medical work were not encouraged by the Puritan spirit, which regarded disease as punishment for sin, revived the superstitious notions of witchcraft, and laboured under a heavy belief in infant damnation and other hopeless doctrines. One must wonder whether certain ones among the Puritans did not suffer from chronic indigestion of a severe type, and whether this caused, or was caused by, their mental forms. The religious ideas of those gloomy Protestants led them to oppose strongly the early experiments in inoculating for smallpox.

The Dutch traders of Manhattan opened a little shelter in 1658, which afterwards grew into Bellevue, our oldest hospital. For a while, the

city poorhouse was combined with it. The Philadelphia hospital, long known as Blockley, was next oldest (1731), and resembled a medi-æval hospice in its conglomerate population, for it received the poor, orphans, the sick, and the insane. These two oldest hospitals were of a dreary, barrack type, where filth and squalour abounded, and attendants of the roughest character had charge of the sick.

Our
first
hospitals

Of a very different type was the Pennsylvania hospital (1775). This was built expressly to give the best possible treatment to those who were "physically and mentally ill." It embodied the highest intelligence and humane ideals of the Friends.

The New York hospital (1771) made the first attempt to instruct its nurse attendants. This distinction belongs to Dr. Valentine Seaman. He gave lectures on anatomy, physiology, and the care of children, but his courses seem to have been chiefly in connection with the obstetrical service.

First
instruction
to nurses

In 1839 the Friends in Philadelphia organized a service which they had begun to plan in 1828. It was very much like Mrs. Fry's Nursing Institute in England. Dr. Joseph Warrington was in charge of the obstetrical work and instruction. In 1855 a

The Nurse
Society of
Phila-
delphia

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leaflet was put out by this society, making an earnest appeal to young women to enter the nurse's calling.

The Women's hospital in Philadelphia opened a school for nurses in 1861. The medical staff were women, and both hospital and school had a difficult existence until after the Civil War. The teaching of nurses was for a long time elementary, but it became ultimately a well-established institution.

That eminent pioneer among American medical women, Dr. Elizabeth Blackwell, was a close friend of Florence Nightingale, and she and her sister Emily had incorporated and built up the New York Infirmary for Women and Children in 1859. It was Dr. Blackwell's earnest desire to open a training school there on Miss Nightingale's system, but this was not accomplished until later.

The most important and successful demonstration made in this country by medical women in the training of nurses was the school opened in 1860 in the New England Hospital for Women and Children. Under Dr. Marie Zakrzewska, a brilliant woman and physician, the nurses were taught in a good practical way, but in 1872, under a younger and very modern woman, Dr. Susan

Dimock, who had taken pains to visit Kaiserswerth and study training school organization there a systematic graded course with instruction carried through one year was begun. The medical women were enthusiastic, Dr. Dimock, of rare charm and soul, leading; the first nurses, women of more than usual standing and character, shared the ardour she inspired. The first class graduated in 1873, and one of its members was Linda Richards, who has been widely known as the "First Trained Nurse in America." Miss Richards had a remarkable path-making career for many years, and wrote, in her *Recollections*, a book which no nurse should fail to read.

The high standards and intelligent careful teaching of the New England hospital justify it to some extent in its claim of priority as a training school. It was, however, at first not strictly on the Nightingale system, as it had no superintendent of nurses until 1882, and Miss Nightingale had always denied that physicians alone could teach nursing. As to this point, however, it is fair to point out that Miss Nightingale had men in mind.

Among the very first schools on the American Continent to acknowledge Miss Nightingale's inspiration was the first training school in Canada, which will be met in a later chapter.

St. Catherine's in
Canada

Sisterhoods of the Protestant Episcopal Church had some part in early nursing steps in the United States. Dr. Muhlenberg had visited Protestant sisterhoods and nursing Kaiserswerth and advocated the founding of nursing orders in the church. His words had influence in the creation of the Sisterhood of the Holy Communion in New York City (1845). These Sisters carried on the nursing in St. Luke's hospital from 1859 until 1888, when the present school was opened. There was also, in Baltimore, a branch of the English All Saints Sisters, and Sister Helen, a highly trained English-woman, was there in residence when, after the war between the North and the South, Bellevue opened its school and appointed her as its Superintendent.

About 1869, too, began the work of Mrs. Tyler which brought the English Sisterhood of St. Margaret's to Boston and so initiated its forty-odd years service of the Children's hospital in that city. St. Mary's is another Episcopal Sisterhood which interests itself in hospital and nursing work, especially among children.

The earliest organized nursing in our country was carried on by Catholic Sisters, and historical names of the Old World are found in their American annals. The first convent in the United States

was formed in Louisiana, then a French province (1727), by Ursuline nuns under Mother St. Augustine. Though they now only teach, they at first taught, and nursed, and built hospitals. They had active war service in 1815 during the battle of New Orleans. This seems to have been their last nursing record.

Catholic
nursing
orders

The Sisters of Charity of Nazareth, in Louisville, nursed cholera cases in 1832-33, and opened an infirmary which preceded their present large hospital service. The Sisters of Charity of Mt. St. Vincent in New York founded (1849) St. Vincent's, the now well-known hospital. Sister Anthony O'Connell of the Sisters of Charity of Cincinnati was known as the "Angel of the battlefield" during the Civil War. She had charge of the old St. John's hospital. The Sisters of the Holy Cross (1843) were also active in nursing and had about eighty members in that war work.

The various orders of Sisters of Charity and Sisters of Mercy now have charge of many large and well-managed hospitals, and have been especially prominent in recent years in organizing secular schools for nurses. The first of these in point of time were opened in the Mercy hospital, Chicago (1889), St. Mary's in Brooklyn (1889), St. Vincent's, New York (1892), and Carney hos-

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pital, Boston (1892). In no other country save Ireland do religious Sisters take as active and progressive a part in all nursing movements as in ours.

The Civil War gave an immense impetus to nursing as well as to general organization among women. When it broke out in 1861 there were practically no trained nurses in the country. Hastily the hospitals tried to meet the need by calling in women to take short intensive training courses, and a good deal of helpful work was done in this way. Religious orders, both Catholic and Protestant, opened their wards to war workers, and Dr. Elizabeth Blackwell sent nearly a hundred volunteers to Bellevue hospital. It was Dr. Blackwell, also, who gave the first call to women in New York for organized war work. The association which resulted merged later with other volunteer bodies in the Sanitary Commission, which became actually a Red Cross Society of the highest excellence, without the name. Its leaders had, throughout the war, the closest correspondence with Miss Nightingale, who counselled and advised them in every development. Dr. Elizabeth Blackwell should have been made the head of the war nursing work thus co-operatively carried on, but so intense was the jealousy

she encountered that she withdrew from all administrative circles rather than be the cause of friction which might hinder the work of war service.

Most of the nursing throughout the war was volunteer and spontaneous. Many self-taught volunteers performed prodigies of service and assistance, and "born nurses" and practical motherly nurses made some very impressive records. It was none the less a matter of course that the organized army hospital nursing was of a standard far below what would be expected today.

Early in the war the government appointed Dorothea Dix as the official superintendent of nurses. Miss Dix was a very remarkable woman, a second John Howard, who had made in the United States a series of investigations into asylums for the insane, and had, by her reports to legislatures, brought about the now existent system of state hospitals for mental patients. Her character and life work were alike impressive. She was not, however, a nurse, nor young enough to adapt herself completely to this new service, though a fairly systematic plan of requirements was then adopted.

After the war a Civil War Nurses Association was formed with headquarters at Gettysburg, and

some little record, far too little indeed, has **been** made of the work of the best known women who served during that time.

The women who had worked on the Sanitary Commission had developed abilities of a high order and had gained a national breadth of view. In every state they went home to take up some kind of public service, and their attention was first given to public charities and institutions for the sick and poor. A group of such women, led by Miss Louisa Lee Schuyler, formed the New York State Charities Aid Association, and within this was formed in New York City a section called the Bellevue Hospital Visiting Committee. It consisted of fifty-three women, a chosen group, whose chairman was Mrs. Joseph Hobson. The committee visited the wards as the Dames de Charité had done in Vincent de Paul's day, and from what they thus learned grew the determination to reorganize nursing. Incredible conditions were described in Mrs. Hobson's first report. Food for the convalescent patients was dumped on the bare wooden table (no dishes), to be picked up in the fingers; the beds were filthy and swarming with vermin; the laundry was, at one time, staffed by one old man, **who**

went through the motions of washing the bed linen without soap; the "nurses" were prisoners arrested for drunkenness, immorality, or other misdemeanour, who slept in the bath-rooms on straw beds laid on the floor, terrorized the helpless sick, took fees, and were not to be trusted with medicines, or with food brought in by visitors. The women first sent a messenger, Dr. Gill Wylie, to Miss Nightingale to obtain her advice, and to observe English nursing. They then made a public appeal for funds (1872), stating their plans and outlining the great need of what they hoped to do. On the first of May, 1873, the training school was opened under the direction of Sister Helen of All Saints, who, as we have seen, was in Baltimore in the Community House when she read the appeal.

Sister Helen had had training in University College hospital, London, and extensive later experience in English workhouse infirmaries, cholera epidemics and in the Franco-Prussian war. After organizing the Bellevue school, she was called to the Somerset hospital in South Africa, where she built up a nursing staff (1876-81). She then went to the front during the Boer war. In 1886 Sister Helen returned to England and died in the All Saints' Home in 1896. She was then

nearly seventy years old. Mrs. Hobson, in her *Recollections of a Happy Life*, tells us that Sister Helen's position was next held by Miss Van Rensselaer, one of the first class of graduates. She held it only a short time before entering a religious sisterhood.

The Bellevue Training School for Nurses was the first in the United States which was definitely based on Miss Nightingale's uncompromising doctrine that all control over the nursing staff as to selection, discipline, rotation in hospital wards, and standards of teaching, of ethics and of morals, should be placed in the hands of a Matron or Superintendent, who must herself be a trained nurse, and responsible to the hospital and medical authorities for the faithful carrying out of medical orders and institutional regulations. The training school committee had to choose the superintendent of nurses and be responsible for the general character of the school. The managers stood so squarely on this policy, as set forth by Mrs. Hobson in her writings, and so new was it in hospital circles here, that it has been called, in the United States, the Bellevue system, and has often been severely criticized by hospital authorities, who held that the male hospital superintendent, whether layman or

The Night-
ingale
system
in Bellevue

physician, must have (subject only to the board of directors), entire control over the training school, even to possessing the power of choosing and dismissing the head or directress of nurses. Even yet, in this country, this is a controversial question, and Miss Nightingale's principle, usually adopted in theory, is often evaded in practice.

In two respects the Bellevue Committee departed from the English system at that time found in training schools; all the American pupils entered on a strict social equality, and when they had completed their course of training they were entirely free from control by the school or hospital. In the English schools there was a remnant of caste in the difference made between pupils of higher and lower social classes. There was also the private duty system, which Miss Nightingale thought was all-important, of retaining the certificated nurse under contract to work on a salary for the training school and live in it. Both customs have now become practically obsolete in England, and they were of course incompatible with American ideas. Mrs. Hobson's writings declared that after graduation the nurse must be professionally free and economically independent and self-reliant. The managers also had a vision of some

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future central body which should regulate and license the profession of nursing.

It seemed a step backward to place as Sister Helen's successor in Bellevue a woman who was not a trained nurse. Miss Eliza Perkins was, however, astute and able as an administrator, and her unusual perception of character enabled her to increase the prestige of the school by her skill in selecting nurses for pioneer positions. The political complexion of Bellevue at that time called for a political expert in the training school, and this Miss Perkins was, while her assistant, always a trained nurse, directed the professional work.

The Connecticut Training School was opened in the New Haven hospital in October, 1873. The Connecticut Training School hospital had, a year before, appointed a small committee of physicians to investigate and report on the training of nurses, and their report advised the creation of a school under its own committee as an adjunct to the hospital. Men and women served together on the training school board. The school has thus a distinctly liberal prestige. In 1879 its committee published a text-book for the use of pupils in training, the first one of its kind in this country. It was called the *New Haven Manual of Nursing*, and was widely used.

The school opened in the Massachusetts General hospital, November, 1873, arose, like Bellevue, from the direct initiative of women who had been active during the Civil War, and who afterwards, in the Women's Educational Union, sought for ways to advance women and prepare them for self-support. They succeeded in gaining the assent of the trustees of the hospital to try the experiment of trained nursing under the management of a special committee of men and women. The hospital had always prided itself on superior management and a faithful personnel, and there was reluctance to alter the old system. Nor were the medical men eager for the new style. The first steps were not entirely successful, but when Miss Linda Richards took charge, after a year's vicissitudes she brought the school to a state of excellence and stability.

One very important American hospital was reformed by Nightingale nurses. It was the Philadelphia, or Blockley, once mentioned.

Miss Alice Fisher, who was one of the most admirable products of the Nightingale School, with an able assistant, Miss Horner, accomplished incredible things there. So great was the jealousy and the resentment of the displaced Gamps that Miss Fisher had rotten eggs

Massachusetts General hospital

A Nightingale nurse at Blockley

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and other vile things thrown in her windows. She gave her life to her work and died at her post, of heart disease.

It would be interesting, but too lengthy, to follow all the pioneer schools in the various sections of the United States. By 1880, there were fifteen training schools for nurses. In 1918 there were 1580 accredited schools and others not yet up to grade. Toward the west—the Illinois Training School (1881) in Chicago;—still further west, the Colorado Training School at the City and County hospital of Denver (1886), and St. Luke's, Denver (1887), were among the earliest schools. In the far South, the Memphis, the New Orleans, and the Galveston schools, were the first, while the opening of the Johns Hopkins hospital (1889) made a broad gateway to a career for southern gentlewomen, and marked a definite era in professional standards, as the whole Johns Hopkins foundation was endowed for the distinct purpose of following the highest educational ideals.

The women trained in these early schools pioneered in hospital regeneration, training school organization, visiting nursing and private duty, and in improving professional instruction. With few exceptions, the first American and Canadian schools provided all the nursing leaders for the

subsequent expansion in their countries. For some years all was individual, more or less isolated effort.

Only the slightest outline of personalities can be given here, yet there was a group whose names should be brought together for briefest mention. Louise Darche and Diana C. Kimber reorganized the New York City School on Blackwell's Island. Harriet Camp, head of the Brooklyn school for nurses, wrote the first book on Ethics. Anna C. Maxwell organized the Boston City school and that of the Presbyterian hospital in New York. She became the Dean of American superintendents, and her long administration, her skill in training, and her unusual judgment gave her special eminence. Irene Sutcliffe, in the New York hospital, Lucy Drown, in the Boston City, Mary E. P. Davis, in the University hospital of Philadelphia, and Sophia Palmer at the head of the Garfield in Washington, had years of great personal influence. The two latter were among the first to invade men's positions as superintendents of general hospitals. Linda Richards, after distinguished work in Boston, founded a mission training school in Japan, then came home and carried on a nursing reformation in hospitals for the insane, going from one to another, and leaving each with an improved

nursing system. Mary Agnes Snively devoted herself to the Toronto school; Mary Brown to the Connecticut in New Haven. Isabel Hampton went from Bellevue to the Illinois training school, and from there to the Johns Hopkins. Isabel McIsaac, associated with her in Chicago, was for a long time her successor in Chicago, and then was appointed Army Nurse Superintendent. Lystra Gretter, in Detroit, at the Farrand training school, exerted a far-reaching influence in the Middle West, and to her belongs the credit of working out the first eight hour hospital day, in 1890, at a time when few others had even thought of it. Lucy Quintard also went from training school management into visiting nursing administration. These were some of the older women who laid the foundation stones to which the younger ones have brought and are bringing their contributions.

The women who had thus brought nursing reform through what we may call its first phase were a strong, determined, and intrepid set of workers, full of energy and the uncompromising spirit of the reformer. Their work was largely housecleaning on an extended scale. They warred against physical dirt and disorder, against immorality and irresponsibility, political corruption, and every form of opposition and hostility. They

regenerated the moral atmosphere, and banished coarseness and vulgarity, neglect and indifference. They were often stern, often severe, sometimes hard, but no one can realize what they did, who knows nothing of the conditions they grappled with.

After some twenty years of this intensive individual experience the need of union was widely and keenly felt. It was realized that Professional the pioneer schools had an exclusive organization spirit, that nursing workers were separated, had no points of contact, and that standards were beginning to vary greatly. The very popular success of trained nursing was proving a danger, for it facilitated an enormous increase in the numbers of hospitals, and as these multiplied each one organized its own school for pupil nurses. This rapid growth tended to break down the safeguards thrown about the pupil, and the educational standards which, imperfect as they then were, needed to be constantly improved.

The World's Fair in Chicago (1893) gave an opportunity to express these ideas. Isabel Hampton, then superintendent of nurses and principal of the Johns Hopkins school, was appointed chairman of the nursing section of the Congress of Hospitals and Dispensaries, whose director was Dr.

Nursing
Congress at
the World's
Fair

John S. Billings. This opportunity she used to the fullest extent to give expression to the various subjects then pressing for utterance. On the programme of papers, there were among others: "The Necessity of an American Nurses' Association" and "Alumnæ Associations, their Need and Importance." Miss Hampton took for her own subject "Educational Standards" in which she urged a three-year training with an eight-hour day for pupils. At this meeting also was read the paper contributed by Miss Nightingale called: "Sick Nursing and Health Nursing." In this article Miss Nightingale, who was then in the thick of the English struggle for organization and registration, gave earnest warnings to American nurses which arose from her point of view on those questions, and which were not even understood by her hearers, so different was their outlook. It must also be added that her expression "Health Nursing" was not comprehended in its full import at that time.

After the sessions were over the American Society of Superintendents of Training Schools for Nurses was formed, and steps were taken by it to encourage union among nurses, with a view to a future national society.

The Superintendents' Society was undoubtedly

the strongest influence in maintaining and advancing our best standards. It was a united and forward-looking body. During its early years the Canadian superintendents belonged to it. It was unselfish. It set itself against the use of pupil nurses for private duty, and worked for shorter hours, better teaching and improved living conditions. We shall meet it again as the League for Nursing Education.

Educational interests took on new life after this and in 1898 Isabel Hampton, by that time Mrs. Hunter Robb, whose ardour for her profession was not changed by marriage, advanced a long cherished idea that an opportunity might be found at Teachers College, Columbia University, New York, for advanced instruction to nurses to fit them for teaching, administration, and executive posts. A year of happy excitement in training schools followed whose sequence will be told later. From the one year teaching of the pioneer schools (a second year in the hospital was the rule, but classes and lectures were not carried on after the first), there was almost universally, by 1900, a three years' hospital training with theoretical instruction

**The
Superintend-
ents' Society**

**Teachers
College
Course**

**Hospital
courses as
they de-
veloped**

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distributed over the whole time. The difficulties of special and small hospitals had been early recognized, and a system of co-operation brought about by the heads of schools, to share and equalize opportunities for experience. As this system became quite widely and thoroughly worked out under the name "affiliation," between large and small, special and state hospitals, it is of interest to know that its first trial was made by two Bellevue nurses, Mary Rogers and Georgina Pope, who were in charge respectively of the Children's hospital and Columbia (a women's) hospital in Washington. Their experiment of exchanging pupils was made in 1888, and with satisfactory results. The extent to which "affiliation" grew after that first example may be illustrated by the case of Bellevue and Allied hospitals in 1919, with one hundred and forty-eight student nurses coming from nine states and Canada to take general work. The institutions from which they came included eleven state hospitals for the insane, one children's, one women's and children's, the Army Nursing School, fourteen general but small hospitals, one for incurables, one for consumptives, and one for skin and cancer cases. An extensive development of post-graduate work also took place, and many special hospitals, whose work

was most valuable, but too limited in variety for pupil nurses, found no difficulty in maintaining staffs of post-graduate students. Post-graduate courses for nurses began to be offered shortly after 1890.

Twenty-five years later, ninety-three institutions in good standing offered post-graduate training and one hundred and sixty-seven schools of nursing offered affiliation.

The pioneer training school for coloured nurses which was initiated and wholly controlled by coloured people was the Provident **American** hospital in Chicago. Many other ex- **negro nurses** cellent institutions now train coloured nurses and give coloured physicians the advantages they need which are too often denied to them elsewhere. The coloured nurses of the country formed a national association in 1908, and this society sent delegates to the International Congress of Nurses in 1912. The negro nurses of our country are so serious and earnest, and reflect such credit upon themselves and their calling, that this professional separation from white nurses is most regrettable, especially as the American Nurses' Association has never had any race question and has for years had *alumnæ* associations of coloured nurses in membership. And yet we know

that in many intangible ways coloured nurses have been made to feel that they have special problems. These should be ours as well as theirs.

Indian girls were for some years trained in nursing at Carlisle, Pennsylvania, and were also sent from the general school there to large hospitals in different cities before returning to their own people.

The conscious and orderly growth of the nursing profession began when the American Society of Superintendents of Training Schools for Nurses, took steps (1893-96) to organize a national association. Delegates from the Superintendents' Society and from Alumnæ societies met in 1896 and formed what was really an international union as representatives from Canadian schools were invited to enter it. It was called the Nurses' Associated Alumnæ of the United States and Canada. Isabel Hampton Robb became the first president. In 1901 the association became incorporated under the laws of the State of New York, when it was necessary to eliminate our Canadian sisters from membership, on account of the law prohibiting members from another country. Between 1901 and 1909 a number of different organizations of nurses, such as city, county, and state,

American
Nurses'
Association

came into existence. These became affiliated with the national association, and in 1911 the name of the association was changed to the American Nurses' Association. From 1897 until 1918 meetings were held annually—biennial meetings have been held since 1918.

In 1906, the office of an interstate secretary was created to take charge of the correspondence in connection with states, and assist in organizing state associations. Miss Sly was appointed to do this work by correspondence, but by 1911 the need for someone in the field arose, and Isabel McIsaac consented to accept this position for a limited period. For lack of funds this could not be continued, and it was not until 1917 that the American Nurses' Association in co-operation with the National League of Nursing Education and the *American Journal of Nursing*, appropriated sufficient funds to pay the salary of an interstate secretary. Miss Adda Eldredge was appointed in October, 1917, and served until the end of December, 1919.

The purposes of the association have been to establish and maintain a code of ethics; to elevate the standard of nursing education; to promote the usefulness and honour of nurses; to distribute relief among such nurses as may become ill, disabled

or destitute, and to bring into communication with each other various nurses and associations and federations of nurses throughout the United States.

Different branches of nursing were stimulated through committees on Almshouse Nursing, Tuberculosis Nursing, Mental Hygiene Nursing, Infant Welfare, and Public Health in general. These committees were absorbed by the National Organization on Public Health Nursing when it was organized, with the exception of the Committee on Mental Hygiene, which is now a section of the American Nurses' Association. A section on Private Duty Nursing and one on Legislation are maintained.

The National League of Nursing Education and the National Organization for Public Health Nursing are affiliated through representation on the Board of Directors.

The Association is affiliated with the International Council of Nurses, the General Federation of Women's Clubs, the American Child Health Association and the National Tuberculosis Society.

Originally the basis of membership was by Alumnae Associations but since 1916 it has been by State Associations.

Beginning with approximately 2000 individuals the total in 1922 was 41,419 nurses.

The American Journal of Nursing is the official organ of the Association, also of the League of Nursing Education and twenty State Associations which belong to the A. N. A. Through this magazine the major part of publicity for these organizations is presented. It is owned by the American Nurses' Association, but the business is conducted through a separate Board of Directors appointed annually by the American Nurses' Association. The first business manager of the *Journal* was Mary E. P. Davis and the editorship, first assumed as a volunteer service by Sophia Palmer, was continued by her as Editor-in-chief, with an editorial staff of collaborators, until her death. The substantial character of the *Journal*, its financial stability, and dignified, broadly ethical views and nursing policy, have made it a magazine of which we are rightly proud.

The Association has from time to time conducted campaigns to raise funds for different purposes as follows (to 1924):

Chair of Hospital Economics Fund (Teachers College, Columbia University, New York)—about \$11,000.00.

Undertaken before the endowment of the Department of Nursing and Health in 1915 the interest of the fund is now used for fellowships.

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Robb Memorial Fund, which allows four or five scholarships a year—\$27,923.00.

Nurses' Relief Fund now amounting to—\$74,560.00.

McIsaac Loan Fund—\$1,148.00.

Memorial to American Nurses erected in the form of a home for nurses in connection with the Florence Nightingale School for Nurses, Bordeaux, France—\$50,992.00.

Jane A. Delano Memorial Fund, for the purpose of establishing some form of a memorial to Jane A. Delano, who organized the Red Cross Nursing Service, which supplied the Army and Navy Nurse Corps in the recent war with over 20,000 nurses for overseas duty. This fund had reached about \$30,000.00 in 1924.

Through the Association and the *Journal*, personal contributions were transmitted to European nurses who suffered deprivation as a result of war.

Probably the greatest contribution which has been made to the public through the national association has been the legislative work in forty-seven states, which now have legal registration for nurses, in order to protect the public from people who are not capable of nursing the sick, but who demand high rates for their services.

For twenty-five years the association depended upon its members for volunteer service in the offices necessary to conduct its business, and it was not until January 1, 1923, that it was decided to pay a full-time secretary. The Association shares the responsibility and expenses with the National League of Nursing Education in conducting a placement bureau. The Association aims to give any information on any question or subject which any nurse in the United States or any other country may request. It constantly carries on a correspondence with the nurses in the United States on questions of parliamentary law, formulating plans to organize and prepare by-laws, arranges programs for meetings, supplies material for annual addresses to be made by Presidents of State Associations, suggests speakers for meetings of Nurses' Associations, and co-operates with the National League of Nursing Education in all its activities. A significant event of 1912 was the reorganization of the Superintendents Society. A special committee whose chairman was Clara D. Noyes had been appointed to consider enlarging the society's framework that it might better fulfil its special responsibility,—that of advancing professional education and training. The action was

**The National
League of
Nursing
Education**

to take the name National League of Nursing Education and to include in membership others than superintendents,—indeed all who were directing or supervising branches of nursing education or social or preventive work, and members of boards of nurse examiners. This gave the League an enlarged membership, and the city and state groups already at work on educational problems were stimulated and strengthened. The urgent need then, as always, was to build up within the states as such. Continued growth and influence has marked the League, its centre of activity and construction being in its Committee on Education. It continued the striving for shorter hours in hospital service, for improved teaching, and the attainment of a standard curriculum for schools, with the purpose of helping prospective students to discriminate between the poorer and better schools and also of stimulating weak schools to strengthen their educational work. The League aims continually to foster and encourage the higher education of nurses through colleges and universities and to bring a more liberally educated class of women into nursing schools.

The Committee on Education whose secretary was Isabel M. Stewart, of Teachers College,

published a number of studies and leaflets of a permanently useful character. An important act of the League was to stimulate an inquiry into the conditions of nursing and nursing education in the United States, which was financed by the Rockefeller Foundation. The special committee in charge of the inquiry included, among other members, these nurses: Mary Beard, Annie W. Goodrich, M. Adelaide Nutting, Lillian D. Wald, Lillian Clayton, Helen Wood. The trained investigator for the committee was a college woman, Josephine Goldmark. The report, which should be read in detail, made some radical declarations. These we can only lightly touch upon in the following brief outline.

With a sufficient preliminary education, at least of complete High School, and with the elimination of all repetitive routine of what may be called drudgery—(cleaning, dusting, etc., to be learned but not performed continuously) the time of hospital training could be reduced to twenty-eight months. Post graduate (supplementary) training should follow in preparation for superintending, teaching, supervising, and administrative posts and for public health nursing. Further there should be special courses of training with state regulation and license for a second type

of nursing worker who should work under the direction of nurses, or take mild and chronic cases in private duty. Schools for nursing should be endowed.

In the light of this successful appeal it is of interest to recall that, ten years earlier, the League had, through its Committee on Education, made a fruitless appeal to the Carnegie Foundation to conduct a similar inquiry. We may add, that Miss Goldmark's report is not approved in every quarter, but in its tryout at Yale under Miss Goodrich an experiment under perfect conditions is being made (1924).

The visiting nurses of the country had been growing fast in numbers, in earnestness, and in **The National new forms of usefulness. During several**
Organization years special sessions were arranged for
for Public them at conferences on Charities, but
Health this did not give enough opportunity to
Nursing compare their experiences. In 1911 the American Nurses Association and the National League of Nursing Education appointed a joint committee to consider the formation of a national organization of public health workers. Miss Wald was chairman, Miss Gardner, Miss Beard, and Miss Crandall with others were on the committee. The report was affirmative and at the convention of the American

Nurses Association in Chicago (1912) at an intensely enthusiastic meeting the N. O. P. H. N. was formed with Miss Wald its first president.

The new organization was not one *of* nurses, but *for* public health nursing.

The membership included nurses who had received a specified minimum general education for nursing; lay persons promoting public health nursing; and agencies employing public health nurses.

Associate Members who might either be individuals or corporate bodies were included, with certain privileges, but with less voting power.

All members shared in the administration, but with this difference, that the nurse members had the controlling vote on purely professional questions of educational standards and membership requirements. The first executive secretary was Ella Phillips Crandall. Into her duties she threw immense energy and devotion.

The journal of the new society had an interesting history. *The Visiting Nurses' Quarterly*, dating from 1909 and first published by the Visiting Nurses' Association of Cleveland, Ohio, carried a special appeal and expressed the rich altruism and social instincts of a very progressive group of nurses and lay-members who went deeply into human problems. This journal was generously

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given by the Cleveland association to the new national group (1912) and became a monthly with the name *The Public Health Nurse*. It is an invaluable source of reference and information in its wide field.

The "N. O. P. H. N." (so-called for short) is thoroughly organized with a staff giving vocational, educational, statistical, and general advisory services, with sections on Child Welfare, School, Tuberculosis, and Industrial Nursing. It helps to maintain an excellent reference and circulating library, the National Health Library. Literature is supplied to at least one public library in every state, selection being made of the one most active in the practical extension of source material by lending and circulating package libraries. The organization maintains a list of accredited courses in Public Health Nursing offered by universities and colleges, and supplies information on the fairly numerous available scholarships. Courses numbered, in 1924, twelve; the opportunities they extended varied from six weeks summer courses through eight and nine months study leading to a B.A. or M.A., to two years and four years preparation for public health work.

With the establishment of the National Health

Council in 1920 the N. O. P. H. N. took its place as one of the twelve original members.

In all of the organization work thus outlined the *American Journal of Nursing* was mentor, publicity agent, and link. Another The Professional Press Journal of influence was the *Nurses' Journal of the Pacific Coast* (1904) with Genevieve Cooke as its first capable editor. As "professional organs" we class only those which are directed and edited by nurses, for professional, not for financial or literary reasons. Every country has one or more magazines filled with material relating to nurses and nursing affairs, conducted by publicists, not for professional, but for the usual journalistic reasons. Such magazines may often be interesting and well written, but they do not always understand the nurse's point of view, nor do they pursue a definite policy of construction. Not infrequently they have taken the opposition to what organized nurses have felt was necessary and right. This has been especially true in England where their aim has seemed to be rather to divide than to unite.

As, every year, new training schools were opened and new demands made publicly for nurses, a pressing need became generally felt for some ac-

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ceptable standard of professional instruction,—some minimum line below which the preparation for nursing must not fall. It became clear that the best schools and the most perfected courses could take care of themselves, but what would protect and also elevate the lesser ones? Contrary to the beliefs of anti-registrationists, that theory would come to be accepted for practice if licensing for nurses were adopted, nurses urged that state registration must call for satisfactory practical experience and bedside teaching, and they pointed out that under competitive conditions, and with no state regulation, practical teaching was already being dangerously skimped in many institutions, while printed lists of lectures and classes were often used to hide actual defects in practical, clinical instruction.

The first public statement on these lines was made by Sophia F. Palmer, in a paper read before the New York State Federation of Women's Clubs, a very influential body of women in November, 1898. In this paper she specified the advanced position that American nurses would consider as right and just, in these words: "It is of vital importance that examining boards shall be selected from among nurses." Miss Palmer's argument was based on the principles accepted in the

licensing of other professions and skilled trades, and claimed the broad foundation of citizenship.

Nurses then formed state societies and prepared to approach the state legislatures with their appeals. The work was arduous and stiff contests were waged in many instances, yet on the whole the progress of state registration was surprisingly steady and uniform. The campaign in New York was the most stubbornly contested of all, and cost the life of Eva Allerton, then head of the Homeopathic hospital in Rochester, whose strength and skill were given to the direction of the legislative committee. When finally passed, the New York act placed the licensing of nurses under the Regents of the State University.

The first acts passed were permissive only. The earliest example of a protective act was that of Virginia. Other states have since then followed her example, and find advantages therein. Although it is slow work to defend educational standards by law yet a gradual elevation has come about, chiefly through the stimulus given to the schools. The mainspring of the Regents' system is the registration of educational institutions. This is the safe-guard of a licensing system. The edu-

State
societies

Character
of registra-
tion acts

cation given to a pupil must attain a fixed standard before the pupil herself may seek individual endorsement. The first inspector of training schools under a nurse registration act was Anna L. Alline, appointed by the New York Regents in 1906. Many states followed in appointing nurse inspectors, and the work of these women has been of untold value in aiding weak hospitals to improve their equipment and in promoting the process of affiliation between them. The principle of examining boards composed of nurses has been so generally accepted that the few exceptions only prove the rule.

The war with Spain gave American nurses their first experience in army nursing. It also showed the public that we had no army nurse corps, no Red Cross nursing service, nor emergency reserve. Clara Barton, devoted as ever but advanced in years, threw herself whole-souled into the relief work of that war, but nursing was taken up by volunteer associations directed by other women. The Surgeon-General appointed Dr. Anita Newcomb McGee head of the army nursing. She had back of her the Daughters of the American Revolution. The most effective association of prominent women was the New York Committee

Army
nursing
and the
Red Cross

of the Red Cross Auxiliary No. 3. At the outbreak of the war the National Association of nurses, then just formed, had offered its services to the Surgeon-General, but as the war went on, its members became especially identified with Auxiliary No. 3, which became practically the reserve for the army nurse corps under Dr. McGee.

Much admirable work was done in the course of the war, for a number of the ablest training school superintendents went personally to the camps with staffs of nurses. Many individual nurses, working at great odds, brought high credit to their profession, but in the general emergency there were serious evidences of undesirable elements being at large and uncontrolled.

After the war the leaders of nursing had conferences with Mrs. Whitelaw Reid and other members of the Red Cross Auxiliary, and it was agreed that an effort must be made to perpetuate the army nurse corps and reserve which the war had brought into existence. A strong committee was formed of laywomen and nurses, and as a result of their labours an army nursing bill passed through Congress in 1901. Dr. McGee having resigned, a nurse, Mrs. Dita H. Kinney, was appointed head of the army nurse corps. She was later succeeded

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by Jane A. Delano. After three years' work in building up effectively the army nurse corps, Miss Delano, who was an exceptionally able organizer, gave her services to the Red Cross, for the attention of nurses by that time was concentrated on an effort to develop the best possible working union with that body.

The American Red Cross underwent a complete reorganization by Act of Congress in 1904. The Red Cross shortcomings and feudal character of nursing Red Cross nursing systems abroad reserve were well known to American nurses, and they were concerned to avoid those defects here, and to build up a flexible nursing reserve on a thoroughly democratic plan, in harmony with American principles.

Thanks to the strong and compact society in which nurses were already formed, they were able to present their views with the strength of union, and in Mabel Boardman, a member of the Red Cross Committee, they met a sympathetic and clear-sighted laywoman. After many conferences the Red Cross War Relief Board appointed a Central Committee (1909) on Nursing Service. Ten nurses were placed on this committee. By their efforts state groups were built up as Red Cross branches, and in each state group

a committee composed of leading nurses was charged with the enrollment of nurses who would respond when needed for service under the Red Cross. By this arrangement the organized nursing profession accepted the full responsibility for enrolling suitable women, and for providing them in numbers needed for any emergency.

The story of how this was done is one of great interest but too long to be told here. It may be read in the third chapter of the *History of American Red Cross Nursing*. It shows nurses as taking a part in original plans for permanently useful service on a basis that was unusual in Red Cross nursing history. Only in one European country, as we shall see, was there a like relationship between organized nurses and a Red Cross national society.

Two nursing projects based on the permanent service of communities developed,—the instruction in home care of the sick and principles of hygiene, given to classes of women and girls, and the visiting nurse service in rural districts. Both grew amazingly, and with many picturesque features. The former branched in every direction and had a definite influence in spreading interest in home hygiene. The latter became a national public health service ramifying in every state and

achieving relations with county and state authorities and boards of health. It also had a marked influence on the promotion of special teaching in lines of public health nursing and social work.

The names of those especially due, among many, for mention in these undertakings were: in the class-teaching, Miss Boardman, Miss Delano, Isabel McIsaac and Harriette S. Douglas; in the rural and public health service, Miss Wald, Fannie Clement, Clara D. Noyes and Elizabeth Fox. During the world war Miss Delano called Miss Noyes from Bellevue to Washington, and after Miss Delano's death in France Miss Noyes became the head of the Red Cross Department of Nursing. On the National Committee on Nursing Service were the representatives of the three national organizations and back of all was the whole organized nursing body. Under the firm, wise direction of Miss Delano and Miss Noyes the immense influence of the Red Cross was lent to every progressive movement for nursing and health.

The expansion which has just been described, bringing with it many new duties and responsibilities for nurses, created a demand for sounder and broader training than had originally been considered necessary for the simple bedside care of

the sick. It was perfectly evident that, if nurses were to meet these new obligations in any satisfactory way, they needed to have **Educational** something more than the old hospital **developments** apprenticeship. As long as twenty-five or thirty years ago, it is evident that some, at least, of the leaders in the nursing profession were thinking about a more advanced type of training for nurses and utilizing some of the opportunities which were then available in connection with the higher institutions of learning. The Johns Hopkins School of Nursing, founded in 1889, was fortunate in being closely associated from the beginning with a great system of **Earliest** medical education which was being **university** developed under the Johns Hopkins **connections** University. The endowment provided **and** **influences** definitely for the establishment of a School of Nursing as well as of Medicine, and though there was not a university status for the nurses there was a generous sharing of privileges and an inspiring atmosphere.

Under the leadership of Isabel Hampton (Mrs. Robb), who was superintendent of nurses from 1889 to 1894, and of her successor, M. Adelaide Nutting (1894 to 1907), one step after another was taken to emphasize the educational character

of the nursing training, and to incorporate in that system many of the distinctive features of the higher professional schools. Among the educational experiments which were first tried out in the Johns Hopkins, and later adopted in many other schools, are the following: the preparatory course (first in America), the non-payment system, the payment of tuition fees by pupils, the use of scholarships, the payment of lecturers (all of them from the university staff), the three-year course, the separate training school announcement, with publication of a fully organized course of study, the introduction of lectures on social service, the full-time nurse instructor (first of whom was Ada Carr), and admission standards raised to full high school. The Johns Hopkins adopted the eight-hour day in 1895 though as we have seen, the Farrand Training School anticipated it in this reform.

Many well-educated women were attracted to this, and other foremost schools, and went out as leaders in the development of educational and public health work. Other university hospitals were established in various parts of the country, in connection with medical departments, and nursing schools belonging to such hospitals became nominally a part of the general university system.

In most cases, however, no attempt was made to put the educational work of these schools on a university basis, or to consider the student nurses as in any sense students of the university. In 1897 the University of Texas took over the John Sealy hospital of Galveston and established it as a university hospital, the nursing school being recognized as one of the regular schools of the medical department. Though this recognition was given and the Superintendent of Nurses received a place on the University Committee of Instruction the school was not required to meet University standards and the initial advantage was practically lost.

The first group of nurses to be accepted as regular students of a university were graduate nurses. Following the presentation of a paper by Mrs. Robb before the Superintendents' Society in 1898 a committee was appointed to consider ways and means of securing some special training for nurses wishing to prepare themselves as superintendents of nursing schools and teachers of nurses. Mrs. Robb was made chairman of this committee with Miss Nutting, Miss Walker, Miss Davis, Miss Banfield, and Miss Richards as members.

First real
university
course for
nurses es-
tablished in
Teachers
College,
Columbia
University,
1899

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After some investigation among educational institutions, they found in Teachers College the most promising opportunities for the beginning of such an experiment, and in Dean Russell a man of unusually liberal spirit who, impressed by their earnestness, and with some vision of the possibilities in this new field, agreed to open the doors of the college to qualified nurses, and to place at their disposal whatever courses seemed to fit their needs. The only condition was that the Society of Superintendents should supply and maintain the special courses dealing with hospital and training school work.

In 1899 the Course in Hospital Economics, as it was then called, was opened, two students forming the first class. One, Anna Alline, remained on for several years in the college, taking general supervision of the Hospital Economics group, and helping in many ways to keep alive and foster what was generally considered, in those early days, to be a somewhat daring and doubtful experiment. Members of the Hospital Economics Committee faithfully came to the college year after year, at their own expense, to give lectures to the students, and the Society of Superintendents raised the necessary funds to pay for the other incidental expenses of the course.

In 1907 Miss Nutting was called from the Johns Hopkins Hospital to establish a new Department of Household Administration under which the division of Hospital Economics was placed. Columbia University was thus the first of the higher institutions of learning to appoint a nurse to a professorship and Miss Nutting was the first nurse to occupy a chair on a university faculty. The work of the new department soon began to grow, new courses were developed, new lecturers added, and the group of students began to increase in a very encouraging way.

In the meantime, the field of visiting nursing and other branches of what we have described as public health nursing were growing, and it was evident that leaders were needed to develop these newer forms of community service. Some lectures had been given in the college on the social aspects of nursing, but funds were needed to provide for a much wider extension of the college resources to meet these new demands. Miss Wald, always helpful and sympathetic, became deeply interested in Miss Nutting's plans and was fortunate in presenting the situation to Mrs. Helen Hartley Jenkins, one of the College Trustees, in such a way as to arouse her interest which finally took shape, in 1910, in an endowment of

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\$150,000, which was later increased to \$200,000. This was the first endowment in America for nursing education. The name of the department was changed at this time to Nursing and Health, indicating the wider scope of the work, which was now to include the training of nurse teachers for homes and communities as well as for hospitals. From this time on, there has been marked progress in all branches of the department's work.

The field of teaching as distinct from that of administration in training schools, began to be developed about 1910, and from this time on, a rapidly increasing group of young women were prepared and sent out as instructors. In addition to general visiting nurses, provision was made for the training of rural nurses, school nurses, and other specialists in connection with the Henry Street Nurses' Settlement, and other public health organizations in and near New York. The growth of the department from two students in 1900 to about three hundred students each year, shows the increasing interest of nurses in university education. These students come from all parts of the United States and from many foreign countries. Most of them work definitely for the B.S. and M.A. degrees. Two entered in 1924 for

the Ph.D. degree. The graduates of Teachers College have gone out into practically every field of nursing work, and have taken a substantial share in raising educational standards in training schools and in building up the newer branches of public health work.

The success of this experiment in university work for nurses is due in a very large measure to the vision and the creative genius of Miss Nutting and to the group of men and women she gathered around her.

It is impossible to name all those who have shared in this pioneer enterprise but especial mention should be made of the vivid influence and spiritual gifts of Annie Goodrich, who was one of the early volunteer lecturers and later for several years Professor in charge of the division of Training School Administration. The staff has grown from one member to six full time professors and instructors and a number of lecturers and assistants.

While this type of university course was being developed to meet the needs of graduate nurses, a number of experiments were being tried which later led to the regular three-year and five-year courses for student nurses. The first step was taken in Scotland away back in 1893 when Mrs.

Strong organized the first preparatory course in connection with the Glasgow Infirmary. The

**Development
of prepara-
tory courses
for nurses in
colleges and
technical
schools**

students took a brief course of theoretical instruction in St. Mungo's College, after which they began their practical work at the hospital. As we have noted before, the preparatory course was introduced first in America in 1901 in the Johns Hopkins hospital, the theoretical work being given in the hospital itself. A number of schools adopted this plan, but many of them found it difficult to supply the scientific courses required.

In 1903, arrangements were made with two technical schools, Drexel Institute in Philadelphia and Pratt Institute in Brooklyn, to offer a course of instruction covering one college year for students wishing to enter nursing schools, the students living at their own expense and paying their own tuition. The course was entirely optional, a few training schools allowing six months' credit on the regular training to students bringing such preparation. In 1904 a similar course of six months was offered at the Toronto Technical School, students entering the Toronto General hospital being required to complete this course or its equivalent before admission.

About the same time Simmons College, Boston, arranged a four months' required course for students from the Massachusetts General and the Children's hospitals, the students in this case living in the hospitals but paying their own tuition fees. In 1910, the University of North Dakota offered a course of eight months in connection with its medical school, and for a year or two a similar course was made available in Teachers College, to students wishing to secure additional preparation before entering nursing schools.

The war brought other experiments with the isolated preparatory course, the best known being the summer course of 1918 held at Vassar College with an attendance of 418 young college graduates. Although there were undoubted advantages in even a short detached college course, it soon became evident that it could not be maintained unless, as at Simmons College, the affiliating nursing schools were prepared to make attendance compulsory for all students and the course an integral part of their whole scheme of training.

A better plan was evolved in 1909 when the University of Minnesota put the whole school of nursing connected with its university hospital on a dignified standing as a professional school of

the university. This advanced step was largely due to the efforts of Dr. Richard Olding Beard, of the Medical College Faculty, who had always been deeply sympathetic with nurses' efforts to improve their training and who in a significant paper read at the American Nurses' Convention, in St. Paul, had fully set forth the reasons why nursing should become an integral part of the university scheme of education.

Schools of nursing as professional schools of universities

The School of Nursing in Minnesota was organized and placed under the dean of the college of medicine and surgery but with its own head, the superintendent of the school for nurses who was appointed a member of the faculty of the medical school. All nursing students were required to meet the matriculation standards (full high school) and were registered as regular students of the university with all university requirements and privileges.

This plan worked out most successfully under the direction of Louise Powell, superintendent of nurses (1910-1924).

In 1922 the Minnesota University school took another important step in deciding to consolidate with those of four other Minneapolis hospitals in one central school of nursing under university auspices.

The University of Indiana was the next to organize a school of nursing as an integral part of the university. This school is connected with the Robert W. Long Hospital, and is a part of the school of medicine, as in Minnesota. Alice Fitzgerald started it. Ethel Clarke shared largely in its development.

In 1914 the University of Cincinnati followed with an affiliation between the University and the Cincinnati General Hospital. Under Laura R. Logan, a scheme of education was worked out somewhat similar to the co-operative plan of the Cincinnati Engineering School with alternating periods in the Hospital and in the University. Here also in 1916 a five-year course was offered to students wishing to qualify for the B.S. degree as well as the nursing diploma.

In this new type of course students are admitted to the college from high school and take as a rule two years of liberal arts work before entering the hospital, returning to the college again in their final year. Among the earlier leaders in the five-year nursing course were Simmons College, Boston, in affiliation with the Massachusetts General; Teachers College and the Presbyterian Hospital in New York; Leland Stanford University and the Lane Hospital, San Francisco; and the University

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of California in the same city. From 1911 to 1924 about eighteen colleges and universities opened up five-year courses in nursing and although in some all the details have not been fully worked out, it is evident from the growing enrollments and the interest of parents and students as well as universities and nursing schools, that this new combination of liberal and professional education is to be a permanent and promising feature of our educational work.

A further step in the development of University schools is a direct result of the Committee on Nursing whose report has been mentioned on another page. This was the launching in the same year (1923) of two university schools of nursing, Yale, and Western Reserve, both of them on an independent footing in the university and both well equipped financially to carry out their work. Mrs. Chester Bolton of Cleveland made the second possible through her endowment of \$500,000. The school, formed by the merging of the nursing divisions of the Lakeside, Maternity and Children's hospitals, was ably organized by Carolyn Gray, with courses for students on the three-year, five-year, and graduate basis.

The school at Yale was to be supported for five years by the Rockefeller Foundation as an experi-

ment following the recommendations of the Report on Nursing. Special emphasis was to be laid on the social and preventive side of nursing and a very liberal teaching schedule was introduced both in ward and class room.

Miss Goodrich, with an excellent staff, was chosen as Dean, this adding one more to the list of important executive positions to which, through an unusually brilliant career, she had been called.

Much may be expected from these liberally endowed university schools.

Finally must be recorded the purpose of the Nurses' Association of Virginia to raise funds for the endowment of a Chair of Nursing at the University of Virginia in memory of Sadie Heath Cabaniss, Virginia's beloved pioneer nurse.

Although a number of visiting nurse associations had for some years been offering practical experience and training to both graduate and undergraduate nurses, there was very little, if any, attempt to build up a broad and sound theoretical foundation for this practical work until Teachers College opened its course in Public Health Nursing (1910) in co-operation with the Henry Street Settlement. The earliest attempt to interest a university in visiting nurses

Courses in public health nursing, connected with universities and other educational institutions

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was in 1896-7 when Miss Nutting applied successfully to the Johns Hopkins University for a course of lectures to visiting nurses. Since that time a number of courses have been developed, most of them in more or less direct affiliation with Universities. The earliest of these (1911) was the course in Cleveland worked out under the Western Reserve University, the Visiting Nurse Association and other health and charitable agencies of Cleveland. Cecilia Evans' name will always be closely associated with this piece of pioneer effort.

In 1912 the Instructive Visiting Nurse Association of Boston arranged affiliation with the School for Social Workers connected with Simmons College. In 1916 a department of Public Health Nursing was established at Simmons, and Anne Strong was appointed as the first Professor of Public Health Nursing. Under her able guidance this course has become one of the foremost in the country. Since those earliest dates we have the University of California offering nine months in public health nursing; Iowa, eight months; Michigan, nine months, and also a four-year course, with a summer school of two months; —Minnesota, nine months; Cincinnati reorganizing (1924) Oregon, nine months; Pennsylvania in

affiliation with the Pennsylvania School of Health Work; Washington, nine months; the George Peabody College for Teachers, Tennessee, nine months; the College of William and Mary, Virginia, in affiliation with the School of Social Work and Public Health, nine months.

All of these courses include periods of practical work under supervision as well as theoretical work. Credit obtained in them is usually granted by the university toward a B.A. or M.A., if the student is eligible for matriculation. Many of these schools also offer from two to four months in public health instruction for undergraduate nurses assigned from their hospitals as a part of three or five year's training.

Non-military services under the United States government should be familiar to our young nurses. One is the Children's Bureau (under the Department of Labour) whose first head was Julia Lathrop, succeeded by Grace Abbott. The first suggestion of the Children's Bureau was made by Miss Wald to persons who were able to bring it into being. In a paper read at Minneapolis in 1909 she outlined its possibilities.

**Government
Services
in which
nurses share.
The Chil-
dren's
Bureau**

The Children's Bureau first employed a nurse

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in its child health conference held at the San Francisco Exposition in 1915. During Children's Year and in the activities immediately following, nurses were employed for several different projects. These included: (1) Brief city surveys of maternal and infant health in a number of typical small cities in the United States. Some of the surveys were county-wide in scope. (2) Rural public health nursing demonstrations conducted in co-operation with the National Organization for Public Health Nursing. These demonstrations were held in counties of Middle Western, Far Western, and Southern States. The demonstration in the Western State included very interesting work on an Indian reservation. A survey was also made in co-operation with a county organization for public health nursing in an Eastern State.

Following Children's Year, studies of the organization of nursing agencies engaged in the supervision of the health of mothers, infants and children of preschool age were made in five communities. One of the two members of the staff of the Children's Bureau who conducted these studies was a nurse.

The Child Welfare Special was operated by the Children's Bureau from June, 1919, to the fall of 1923, when it was loaned to a State department of health. This "Special" was a motorized health

unit staffed by a physician and nurse, a clerk, and a chauffeur, and held child welfare conferences in rural districts.

Nurses have assisted in investigations made by the Children's Bureau, including the study of the physical fitness of preschool children in Gary, Indiana, made in 1918, and a study of maternity care and the welfare of young children in a homesteading county in Montana, and in connection with studies of child welfare in other rural States.

At the present time (1924) nurses are employed by the Children's Bureau for three pieces of work—the first in connection with the Maternity and Infancy Act; another in connection with the study of the prevalence of rickets and the means by which it can be controlled being made in New Haven, Connecticut, in co-operation with Yale University; and the third in connection with a study of the effect of posture on the nutrition and growth of children and a demonstration of the effect of the correction of posture difficulties, which is being conducted in Boston.

Miss Marie T. Phelan, a public health nurse of wide experience in the public health nursing field, has been on the staff of the Maternity and Infancy Division of the Children's Bureau and has conducted institutes for State and local public health

nurses in a number of States. Among other publications of the Bureau is one of immediate importance to nurses, namely, The Nursing Profession and the Maternity and Infancy Act, a leaflet prepared by the National Organization for Public Health Nursing in co-operation with the Children's Bureau.

An important result of the war was the bringing much closer to nurses' ken the wide extent of the U. S. Public Health Service. This is, rather oddly as it seems, under the Treasury Department. A federal health department, under a Secretary of Health, would seem a more logical thing. So many calls for nurses came from this quarter during the war that the Red Cross Department of Nursing first undertook to supply the needed staffs, and, then, as the need of a trained head to supervise and direct became urgent, the Red Cross nursing leaders secured (1918) the appointment of Lucy Minnegerode for that position, with the title "Superintendent of Nurses, U. S. Public Health Service." Her forces belong to the "Classified Service," and the conflict with Congress, in 1923, when an attempt was made to exclude nurses from the professional groups, has been told in detail in the Proceedings of the American Nurses'

Association for 1924, though it was not then finally settled. This was the most serious menace to good standards that American nurses have met, and they may have to use their power as voting citizens to have it removed by Congress.

Under the U. S. Public Health Service, with the transfer of Veterans' Hospitals to the Veterans' Bureau, twenty-five hospitals functioned for the care of merchant seamen, native and foreign born; Coast Guards; Revenue Cutter and Light-house Service, and certain classes of government employes. In addition to this hospital service, nurses were employed in the Division of Foreign Quarantine, at ports of entry where small hospitals are placed as outposts of protection against the entrance of infectious diseases into our country. In Domestic Quarantine nurses are employed in trachoma investigation and treatment. These nurses assist in small hospitals in isolated communities. In the Pellagra Hospital in South Carolina nurses are employed for that special work and in rural sanitation projects.

A model hospital for lepers is maintained in Louisiana. It is nursed by Sisters of Mercy and Sisters of St. Vincent de Paul.

The division of Scientific Research employs nurses in the child hygiene demonstrations and

studies, and in the section on industrial hygiene. A nurse is employed in the Venereal Diseases Division chiefly for educational work. The U. S. P. H. S., as a federal agency, advises with state and local health departments, and much of its work is done on a co-operative basis. The Division of Sanitary Reports and Statistics publishes reports of world conditions as regards disease, many of which should be of great interest to nurses. It is quite probable that, as time goes on, there will be more and more opportunities for nurses in this service.

The Government employs nurses also in the Bureau of Indian affairs, the Panama Canal Zone, Alaska, and in the various government hospitals in the District of Columbia and elsewhere. These are under the Department of the Interior and have grown so fast and so unrelate-ly that variable standards prevail. Much might be done in bringing them under one head, who would know how to apply tests of fitness. A beginning in this direction was made when Elinor Gregg was appointed superintendent of nurses for the Indian Bureau (1924).

The health and sanitary circumstances of the Indians have been shockingly neglected by indif-

Other
services
under the
Government

ferent officials, while their antique culture and poetic religion have been belittled or misunderstood. The extent of reading required to understand the ethical traditions of the aboriginal American is a vivid example of what nurses in public health service need to know over and beyond their practical nursing.

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CHAPTER IX

NURSING IN OTHER COUNTRIES

WE have glanced briefly at various types of nursing systems from an early day,—the semi-priestly orders of the old religions; the loving personal service, at first largely self-directed, of the early Christian deaconess, widow, and virgin; the organized groups of monastic women, aiming at self-government and self-discipline, cherishing all available education, and, though intensely religious in spirit and motive, striving to be free from outside control which fettered their work; the nursing Sisterhoods, which fell entirely under an ecclesiastical control and became stationary, losing all intellectual share in the world's progress; those who became successful insurgents, shaping new secular orders; the military orders whose disciplinary features and ideas of a personnel have been inherited to a certain degree by European Red Cross associations and even by civil hospitals; th

Types of
nursing
systems
reviewed

menial paid nurse of low status and no education, whose appearance betokened the first entrance of women into the modern labour movement; finally the secular, highly educated and professionally trained nurse on the Nightingale pattern, fit and ready to co-operate with scientific men in modern life-saving movements, gaining with not a little difficulty a complete economic independence, at first intensely individualistic, scornful of all training save her own, then at last learning to unite with all her sisters in one world-wide profession.

Before the war it was possible to find examples of every one of these systems surviving on the European continent. What modifications the war will bring about cannot yet be certainly predicted.

The final test of nursing systems must be the welfare of the patient. The welfare of the nurse is soon reflected in that of the patient.

One testifies to the other. The only claim a nursing system may make for the right to survive is its ability to adapt itself to the ever-changing social order. This means ultimate progress, even if experiments have to be made and abandoned as failures. To grow means to live.

Generally speaking, the status of nursing in any country may be judged by the social and economic

**Basis of
judgment in
comparing
nursing
systems**

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status of the nursing personnel, the standards of nursing education which prevail, the degree in which nurses are organized on an independent professional basis, the variety and range of nursing and public health activities which have been developed by nurses, and the extent to which all classes of the population receive the benefits of skilled and scientific nursing care. The greatest development in all these respects will be found in countries where modern scientific medicine has secured a solid foothold, where democratic and social ideals are well developed, where education is on a fairly high level, and where women are comparatively free to develop their own fields of work in their own way.

In all such communities the Nightingale system has been adopted with slight modifications, to suit national conditions and characteristics. Since the English system of training has already been described, it is not necessary to repeat its outstanding features here, but the subsequent story of professional organization and development in England is of distinct interest and significance to all nurses.

After the inspiring example given by Miss Nightingale, hospital reorganization went on

Brief history
of countries
where the
Nightingale
system is
paramount.
England

rapidly in the large hospitals supported by voluntary contributions, and more slowly, but still steadily, in the vast infirmaries connected with workhouses under the Poor Law. The old system of nursing had passed away entirely within twenty-five years after the Nightingale School was founded.

Yet it was difficult for English nurses to advance their professional claim as they wished, and to free themselves from the control of their hospital schools after training. The Matrons, though given larger powers than ours within the hospital, had rather less in the way of deciding upon lectures and study. The economic basis was unsatisfactory, and there was separatism between schools. Hospitals and their nursing schools were pretty much ruled by men. Even the Nightingale Fund was a council of men until a short time ago when Miss Lloyd Still, the Matron-in-Chief of the Nightingale school at St. Thomas's Hospital (1924), had a seat upon it.

The younger women wanted professional union. Led by Ethel Gordon Manson (who had been Matron of St. Bartholomew's hospital and then married Dr. Bedford Fenwick) they founded (1887) the British Nurses' Association, to include women of all schools.

The begin-
ning of British
organization

"The nurse question is the woman question," said Mrs. Fenwick at that time; "we shall have to run the gauntlet of those historic rotten eggs." She might have added, "The woman question is the labour question," for so it proved to be. By that time the Hospitals Association (directors, all men) had a committee on nursing and domestic management with a subsection on which hospital Matrons were placed. This hospitals association had proposed a register of nurses which would have been in effect, a domestic arrangement of the hospitals concerned. The Matrons asked for a three-year certificate of training for this register. The men ignored their views and set one year as sufficient. The Matrons then resigned in a body from the subcommittee, and a long tenacious contest was on.

The British Nurses' Association aimed at professional registration under a Royal Charter of Incorporation. This charter they gained, and with it certain advantages peculiar to the English system, for a Royal Charter is the most ancient and honourable form of incorporation. This was the first time it had been granted to a body of professional women.

The nurses had taken medical men into full voting membership, believing that this would help

them in their aims. They did, indeed, receive devoted support from many loyal medical friends, but by one false one they were betrayed, and through the skilful use of a well-known parliamentary trick, the Royal British Nurses' Association was brought (1896) under the control of a small but unscrupulous majority which carried a resolution *against* state registration. Not until 1904 was the association able to throw off this control.

The nursing leaders then turned to promote new groups, under democratic forms of organization. The Matrons' Council of Great Britain and Ireland had been formed in 1894. All the progressive Matrons belonged to it. They developed self-governing leagues of nurses (*alumnæ societies*) and co-operative clubs, and young nurses founded a National Union of Trained Nurses. In 1902 the State Society for the Registration of Nurses was formed to frame and support a registration act in Parliament. Its bill was introduced in 1904, and was the subject of lengthy hearings before a Select Committee of the House of Commons. The Select Committee made a favourable report, but the bill did not reach its third reading. In 1908 another attempt was made, and a similar bill was favourably received in the House of Lords, but did not reach the House of Commons. The

registration group was then reinforced by the Royal British Nurses' Association, and a Central Committee was formed (1910) which represented by delegation the British Medical Association, the Royal British Nurses' Association, the Matrons' Council of Great Britain and Ireland, the Society for the State Registration of Trained Nurses, the Fever Nurses' Association, the Scottish Nurses' Association, and the Irish Nursing Board, comprising altogether no fewer than thirty thousand medical practitioners and nurses. From that time until the war broke out the Central Committee carried on an intensive campaign, in trying to push its own bill, and in successfully overthrowing numerous counter efforts of opponents, which our space is too limited to describe.

With the outbreak of the war the Central Committee loyally remitted its efforts to gain parliamentary recognition, in order to give service to the country, but they were, presently, ill rewarded by the development of a more perplexing situation than they had yet encountered. To explain it we must go back a little way in our narrative.

The Matrons' Council (including members in Ireland and Scotland, as well as England) had long desired, and publicly advocated, a higher institution of education where nurses duly certificated

could fit themselves in psychology, pedagogy, administrative and executive science, in public health work, and various domestic arts, for the complex demands being made upon the nursing profession. Mrs. Bedford Fenwick, whose intuitive processes were, like our own Isabel Hampton's, almost prophetic in their nature, had outlined the structure of a College of Nursing far back in the opening of the twentieth century (1901). In 1912 at the Congress in Cologne she further elaborated her views and publicly urged them with such force and appeal that her proposal was endorsed by nurses, to found an international memorial to Miss Nightingale of this character, providing a woman's college in England would adopt it, as Teachers College had adopted the American nurses' plan. Before, however, this very big project could be carried through, an announcement was made that the trustees of the Nightingale Fund would give scholarships for nurses in connection with special courses at King's College in memory of Miss Nightingale, and that a College of Nursing had been formed upon a broad and comprehensive plan to advance the education and interests of nurses, including the promotion of bills in Parliament. All this was excellent, but a disappointment and a doubt were felt. The former was for the loss of the nurses' international

plan—for it was not then realized that the war had ended that once for all;—the doubt was for the maintenance of self-government, for though the college professed a democratic purpose and its constitution provided for the election of nurses on directing committees, yet the governing body or council, while elected by nurses (each member having one vote), was not necessarily to be composed only of nurses. Others might be placed on it, and a number of medical men were so placed. The Council then chose the officers. Back of that was the group of founders, all influential men. In its technical form the College was “a Limited Company” of laymen which admitted nurses to membership. This made it possible that powerful ruling elements of the hospital, medical or social worlds might indirectly control all English nursing organization.

Soon after its founding, the College brought forward an opposition scheme for state registration which would have made the college council the sole authority to administer the act. It contested the plan of the Central Committee for Registration, which provided for an independent board of examiners. The two groups were in conflict until after the war, when the Minister of Health, Dr. Addison, introduced a government

bill, which was passed (1919). It was a fair, just Act, providing for a General Nursing Council of twenty-five members, two of whom were to be appointed by the Privy Council, two by the Board of Education, five by the Minister of Health and sixteen nurses to be elected by registered nurses. To set up the first council, the Act designated, to consult with the Minister, the Central Committee for State Registration, the College of Nursing, the Royal British Nurses' Association, and such other associations as should signify a desire to be called upon. Nothing could have been fairer, and every one shared in the gratifying result. One clause of the Act protects the nurse's uniform.

After the war the College of Nursing grew immensely, and did many excellent things for its members. It was conciliatory to its old opponents who for a time stood aloof. But the reasons for division were gone, and it was not long before the National Council of Nurses of Great Britain included all groups (among them an interesting one founded by Maude MacCallum under the Trade Union Act), with no loss of that individuality so precious in the English character.

The dean of nursing journals is the *British Journal of Nursing*. It was in existence as *The*

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Nursing Record when Mrs. Fenwick bought it in 1893 to advance the interests of nurses. In 1902 it was renamed. Associated with her **British Journal of Nursing** in its editorship Mrs. Fenwick has had the constant service of Margaret Breay. The *Journal* has been militant and fearless, and has held to an unwavering professional policy in brilliant fashion.

The *Queen's Nurses Magazine*, organ of the Institute after 1910 had been first edited and supported by Lady Hermione Blackwood. A number of Leagues also published their own journals. St. Bartholomew's was the first of these.

The colonial history of Great Britain has given English nurses greater opportunities for venturesome and unusual careers than those of any other country have had. War nursing has called English **Government Sisters** to posts of distinction and **services** danger from the time when the War Office Hospital at Netley placed a superintendent and staff of Sisters in charge (1869) to the present day. Florence Lees (Mrs. Dacre Craven), one of the first and ablest of Nightingale nurses, took a prominent part in nursing in the Franco-Prussian War. Rachel Williams, another "Nightingale," served as lady superintendent of nurses in the Egyptian campaign of 1884. English Sisters were

drawn into every picturesque corner of Africa and Asia where British influence reached.

The Imperial Military Nursing Service, named for Queen Alexandra, was reconstituted in 1902 from the Army Nursing Service. A Military Nursing Reserve, a Royal Naval Nursing Service, a Military Nursing Service for India, and a Territorial Force Nursing Service have secured for Great Britain a highly perfected army nursing personnel. The position of army nurses was defined by the Army Act of Great Britain in these terms: "As regards medical and sanitary matters and work in connection with the sick, the Matrons, Sisters, and staff nurses are to be regarded as having authority in and about military hospitals next after the officers of the Royal Army Medical Corps, and are at all times to be obeyed accordingly and to receive the respect due to their position." While this did not confer actual military rank, it did, aided by army traditions, give British army nurses a firm position and one of dignity and responsible authority.

The work of visiting nurses among the poor, established by Mr. Rathbone of Liverpool (1862), now covers Great Britain with a close Visiting
nursing network of affiliated societies. In 1887 the Women's Jubilee offering to Queen Victoria,

devoted by the Queen to promote visiting nursing, brought all related work together and enabled extensions to be made under the name of Queen Victoria's Jubilee Institute for Nurses. The professional standards required for the staff were the very highest, but a partly trained woman, with midwifery certificate was sometimes employed for a week or two at a time as "cottage nurse." These now tend to be less used and are not found in Scotland under the Institute at all.

Public school nursing arose in England in 1891. At that time a nurse was asked for from the Metropolitan Nursing Association to visit the Drury Lane District School. Amy Hughes was sent, and from her intelligent care of the children radiated other and similar services, culminating in 1898 in the formation of the London School Nurses' Society. In 1904 such work received official recognition by the action of the London County Council in appointing a staff of public school nurses under a superintending Sister. At that time there was a woman member of the County Council—Miss Honnor Morten—who had had a year in the London hospital. Through her influence the Council took its action.

Among special lines of work, midwifery has been

prominent in English nursing, and will be spoken of under its own heading.

The development of public health nursing under the powers of the state has long been urged by the leaders in English nursing, and with **Public health nursing** the end of the war this came in sight on a grand scale, for Parliament in the season of 1918-19 created a Ministry of Health for England, Scotland, and Wales. The functions then being exercised by such bodies as the Public School Nursing, Infant Welfare and Pre-natal Care of Mothers societies, and many others were to go under the new Ministry. The state will thus become the future head of an army of nurses. Under the act, consultative bodies of men and women will be formed to advise and assist in making the act a vital force in health conservation.

English nurses have led in urging that trained women should be appointed to guard the health of prisoners, and in 1919, in answer to a **Nursing in prisons** deputation led by the Penal Reform League, in which Beatrice Kent represented nurses, an experiment was made in placing nurses in prisons for women under the Home Office. English women hope that this service may be extended into all prisons.

The oldest and most eminent of the Scottish

hospitals is the Edinburgh Royal Infirmary, which was opened in 1729. In 1871 the new nursing system was introduced by Miss Barclay, Scotland from the Nightingale School, with a staff of "Nightingales." This stimulated other hospitals and there was a general remodelling of systems throughout the country. Miss Barclay was succeeded by Miss Pringle, who only left Edinburgh to follow Mrs. Wardroper as Matron of St. Thomas's, and Miss Spencer then took charge of the Edinburgh Royal Infirmary, bringing it to a high point of perfection. There is a very special attraction about this beautiful hospital.

A prominent pioneer in Scottish hospitals was Mrs. Rebecca Strong, who reorganized the nursing in the Dundee Infirmary, and then took charge of the Royal Infirmary of Glasgow. The first preliminary training for probationers was the work of Mrs. Strong. This course was started in 1893.

Visiting nursing and the anti-tuberculosis campaign have been thoroughly developed in Scotland. The workhouse infirmaries have been remodelled on a modern basis. The Scottish hospitals equal the best anywhere, and Scotch nurses are keen in their work, though they have been fairly indifferent to organization and professional problems.

Ireland has very ancient traditions in nursing, beginning before the Christian era and descending through the monastic orders. Nursing by religious hospital orders is frequent in Ireland, and is exceedingly well done, for the Irish Sisters of Charity and the Sisters of Mercy are modern minded and progressive in nursing affairs. In some of their hospitals secular training schools have been opened. The Sisters of Mercy in Dublin sent sixteen of their order to assist Miss Nightingale in the Crimea. The Sisters of Charity went in 1833 to Paris to learn the art of nursing from the Sisters of St. Vincent de Paul in the Pitié hospital. They are thus pioneers in Irish training.

Secular nursing was introduced first into the Madam Stevens hospital in Dublin in 1866 by Miss Beatty. She seems not to have been a Nightingale nurse, nor to have had much tenacity, yet the work she did with a few trained assistants made the doctors unwilling to return to the old régime. A Nightingale nurse, Miss Franks, came in 1879, and laid a more enduring foundation. Finally Miss Kelly, an Irishwoman who had attained distinction by having organized the first secular training school under a religious order, led the Stevens, one of the most characteristic and interesting of Irish hospitals, into a smooth path.

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Another of the most important of the old Dublin hospitals is Sir Patrick Dun's. Its own modern school was built up to full perfection by Margaret Huxley, who came (1884) from St. Bartholomew's, where she had been one of the group of young progressives under Mrs. Fenwick's matronship.

The Rotunda Lying-in hospital in Dublin is an especially noted one of its kind. A Nightingale nurse, Sara Hampson, reorganized its nursing service in 1891.

The young Irish Matrons and their pupils are extremely alive to all the outer influences that may affect their profession. They are ready to organize and quick to discern sinister purposes. Throughout the long struggle for registration in England, Irish nurses gave strong support in every crisis, and the downright, unaffected frankness of their revolutionary promulgations makes these a joy to read.

District nursing has been well developed in Ireland and the wild, picturesque character of the country and the inimitable personalities of the cottagers give this branch of work a fascinating quality.

Canada has the longest nursing history of any of the Dominions of Great Britain. The early
Canada pioneering of the Catholic Sisters during the French period of occupation has been mentioned.

Canada enjoys the distinction of having one of the earliest Nightingale schools on the North American continent. This is in connection with the General and Marine hospital in St. Catherine's. It has, indeed, often been called the first

**The first
training
school in
Canada**

American school. It was begun in 1864 by Dr. Mack, whose spirit and personality were very fine and noble, and who was undoubtedly inspired by Miss Nightingale's work. However, the small school and hospital seem only to have taken on a fully developed form by 1873, when Dr. Mack sent to England and secured three trained nurses (from Guy's hospital) and half a dozen probationers. This school has always enjoyed a distinct prestige, and has a character of its own.

Of the large general hospitals under civil direction, the oldest and historically most important is the Montreal General. A school of medicine had been opened in connection with it in 1822, and from this the medical faculty of McGill University developed.

**Other
important
schools**

Up to 1875 the nursing had been of the old type, yet by no means in its worst aspect. In that year the committee appealed to Miss Nightingale for counsel and help. She sent them four trained nurses and a superintendent. The experiment,

however, was not a success. Few failures are recorded for the pioneer Nightingales, but in this instance they seem not to have had patience and tact in living down the great jealousy and unfair criticism they received. They returned to England and not until 1890 was another attempt made. Norah Livingstone, a New York hospital nurse, then succeeded in placing the school upon a sound foundation.

The Toronto General hospital came next into line. A training school was opened there in 1881, and made partial progress until 1884, when it was placed under the direction of Mary A. Snively, a Bellevue nurse and also a trained teacher.

Both Miss Livingstone and Miss Snively had an unusually long and influential tenure of office. They remained for many years at the head of these two leading schools, and their history is the history of Canadian nursing. As their graduates went forth over the Dominion, extensive developments, which we can only touch upon, took place in every branch of nursing.

The Royal Victoria, justly looked upon as one of the foremost hospitals on the continent, was opened in 1894. A training school of the first order was a part of it, and Edith Draper was appointed first superintendent of nurses.

One of the most perfect Children's hospitals in the world is in Toronto. At its head was Miss Louise Brent, whose special lifework it was, while for the Canadian philanthropist, the late J. Ross Robertson, it was a chief object of solicitude.

The Catholic Sisters have extended their work greatly and direct a number of large and important institutions. They have progressed with the times and form an important part of the hospital world. Their own members are given training for supervision, and they have opened schools for secular nurses under trained superintendents of nursing. Their most important centres are the Ottawa General hospital under the Grey Nuns (with a training school), the Hôtel-Dieu of Montreal under the sisters of St. Joseph, who are skilled in nursing and pharmacy, and have a secular school, and St. Michael's in Toronto.

The pioneer hospital of the far west is St. Boniface in Manitoba. There are several important and progressive hospitals and nursing schools in the West, the largest being the Winnipeg General and the Vancouver General.

The Western provinces, Manitoba, Saskatchewan, and Alberta, have recently provided through legislation, for a wide extension of hospital and public health work, throughout the scattered

districts of this new country. This work is supported by the provincial governments. All phases of public health nursing, school work, infant welfare, tuberculosis prevention, etc., are being developed.

An experiment in training "nursing housekeepers" was undertaken in 1923 by the Nurses' Association, the Red Cross and the University of Saskatchewan as a sincere effort to contribute something to a solution of the popular demand for reliable attendants.

Canada has a completely organized district nursing association in the Victorian Order, founded by Lady Aberdeen (1897). Its plan is to cover the most distant provinces as well as the cities, and to provide nursing care not only for the poor but for those of moderate means as well.

Later, the Lady Minto Cottage Hospital Fund built cottage hospitals in remote places. Finally, by the Lady Grey's Country District Nursing scheme, provision was made for continuous nursing care in cases where this was needed. The lives of Victorian Order nurses may be wild and venture-some in the extreme, requiring all the qualities of the explorer. Perhaps the most picturesque and unusual work of all is that carried on along the

coasts of Labrador under the medical direction of Dr. Grenfell.

Public school nursing was introduced into the Toronto school system by Lina Rogers (Mrs. Struthers) who had gained distinction **Public school nursing** by her work in the States.

Toronto also boasts a very fine and well organized system of public health nursing under the Health Department, with Dr. Hastings as Chief Medical Officer and Miss Eunice Dyke, Director of Nurses (1924).

Canadian nurses are well organized in alumnae, provincial, and federal associations. Through the latter they entered into interna- **Organization** tional relations with the nurses of other **and journal** countries, under Miss Snively's leadership, in 1908. The Canadian Nurses' Association has sections on nursing education, public health nursing, and private duty. It publishes a professional journal, *The Canadian Nurse*. Early in 1924 appeared *La Veilleuse*, a paper edited by the Vice-Rector of Montreal University for the Sisters and French-Canadian nurses.

Between 1913 and 1922 all the Provinces gained registration Acts with boards of examiners on which nurses are a majority, and with inspection of schools by nurses in Ontario and British Colum-

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bia. Canadian Universities have also recognized the nurse. In Nova Scotia, Quebec, Ontario and British Columbia there are five (two in Ontario) which offer courses of seven, eight, or nine months in public health nursing, administration, and teaching. In addition, the University of British Columbia gives nurses a five year course with degree.

Hospital service in Australia began in 1811 with the building of the Sydney hospital (then Infirmary). Trained nursing took root at an early date (1868), when a group of "Nightingales," headed by Lucy Osborn, opened a school in this oldest hospital. Their work was a complete success, and though in a short time they had all married, yet from their demonstration new centres arose, and the Nightingale system became the accepted standard of the country. The Tasmanian government brought out more Nightingale nurses to begin reorganizing in Hobart and Launceston; the Alfred hospital was placed under the matronship of Miss Turriff, also from St. Thomas's; the Melbourne hospital called an Edinburgh Royal Infirmary nurse, Miss Rathie, in 1890; the Brisbane hospital had a Matron from the Charing Cross hospital; the General hospital in Adelaide secured two London hospital nurses

In 1892 the young Australian profession began talking about uniting. An association of nurses and medical members, which quickly became national, was founded in 1899, with state registration as its goal. Yet it did not satisfy all those in the state of Victoria, and the Royal Victorian Trained Nurses' Association was formed in 1901. While this duplication was in some ways regrettable, yet it produced a wholesome emulation, and in 1902 an agreement for reciprocity in training standards was worked out. In time a general system was reached by which these voluntary societies practically brought all the training schools of the continent to accept a recognized standard, by admitting to membership only those graduates who passed a central examining committee of the nursing association. In 1911 an examination in mental nursing was added. This whole achievement was very remarkable. It is the most successful effort anywhere shown, of control of nursing education in hospitals by voluntary organization. As hospitals multiplied, however, and new ventures in training were set on foot, especially in private hospitals (*i. e.*, those conducted by individuals for profit or to accommodate private patients), the Australian nurses began pressing for state control. Their first state act, that of Queens-

land, went into effect in 1912. By 1923 South and West Australia and Victoria, had followed.

Two professional journals are published, the *Australasian Nurses' Journal*, organ of the older society, and *Una*, of the younger.

The nurses of Australia watch closely all developments that may affect professional standards. When "bush" nursing for the rural and outlying districts of the "bush" was organized in 1911, some attempts were made to introduce the English system of "cottage nursing," that is, of providing an inferior and partly trained woman for certain parts of the service. This the Australian nurses were able to defeat, claiming rightly that only the best trained service should be given in district nursing, especially in lonely regions where physicians were not easily called.

Australian nurses have always had medical men in their associations, and sometimes in important positions. As universal suffrage exists women and men may work together on an equality, but that they do so is not certain. As a result of her preference Australia has stood outside of international relations.

This, the smallest but in many ways most progressive of England's domains has had trained nursing since 1883. The first modern professional

school was that of the Wellington hospital. The Dunedin hospital, to which the Medical School of the Dominion is attached, opened a school for nurses in 1888. New Zealand

A great impetus to nursing progress, and to hospital development as well, was given by the appointment (1895) of a trained nurse, Mrs. Grace O'Neill, to the position of assistant inspector of hospitals and asylums. In New Zealand all these institutions belong to the government. Mrs. O'Neill, English-trained, had unusual wisdom and tact. Her chief, Dr. MacGregor, was equally sagacious and progressive. Between them they brought about a Nurses' Registration Act in 1901, the first such act in history, for the Cape Colony registration of nurses, to which we shall presently come, was only a clause of a medical act.

Recent amendments of the New Zealand registration provide for affiliation of schools of nursing, and, what is quite novel, make a proper equipment for teaching compulsory for hospitals.

New Zealand also registered midwives in 1904, and provided for them a very thorough course which registered nurses are encouraged to take.

Dominion organization, the publication of a journal, *Kai Tiaki*, and international relations have been fostered by Hester Maclean, who

succeeded Mrs. O'Neill as assistant inspector of hospitals, and held this post long and ably.

New Zealand gave the first example (1898) of a voluntary system of an eight-hour hospital day, and, later (1909), of a compulsory eight-hour day for all pupils in training, by act of government. This has been much criticized, even condemned, by nurses themselves, under the older view that a nurse must be ready for unlimited hours of work. Nevertheless, as a part of the vast movement of labour, this innovation is now widely demanded in other countries as a relief from useless overstrain. A Nursing Reserve for army service was organized in 1910. Both New Zealand and Australia made important war nursing history, and had interesting experiences with military rank which will be touched upon in a later chapter.

The Maoris, the native New Zealanders, are a strikingly fine race, and Maori young women have distinguished themselves as nurses.

The earliest measure of registration and licensing for nurses was shown by Cape Colony, South Africa. It was not, however, a complete and separate act as in New Zealand, but a section of the Medical and Pharmacy Act of 1891. The credit for it belongs to English nurses living in the colony, led by Sister Henrietta

(Miss Stockdale) of Kimberley. When they learned that a medical act was before the Cape Parliament they petitioned successfully for a clause placing nurses on the state register. Sister Henrietta was a woman of fine culture and seriousness of character. Her personality made a deep impression on nurses, when, at international meetings in England in 1899, she told of the steps by which they had gained what was then so great a novelty, the first legal recognition of the profession of nursing.

The act was elementary as regarded nurses, but it was a beginning. In 1899 Natal followed and in 1904 the Transvaal. The Acts were not yet what nurses wanted, but the physicians of the country were of liberal views, desiring that nurses should have self-government and an examining board with nurses on it. Therefore, the future looked hopeful.

Dr. Tremble brought out the South African Nursing Record in 1913, and this stimulated the nurses to form the South African Trained Nurses Association in 1914. Miss J. C. Child, who had long been a Vice-President of the International Council, went to Copenhagen in 1922 and carried her association into membership there.

Denmark has very ancient traditions of nursing

from the old warlike days. Like other countries it shared the general depression of women's work in the eighteenth century. The

Denmark

Nightingale system made its link with Denmark in the person of Mrs. Henny Tscherning, who, after learning all she could in her own country's hospitals, went to St. Thomas's for further study, then returned to hospital positions in Copenhagen.

In 1899 Mrs. Tscherning was elected president of a small group of nurses which had been organized a few months earlier, and this position she was retained in up to the present time (1924). Under her guidance, this has become the strongest nursing society in Europe and has had marked influence in its own and in neighbouring countries. Almost every nurse in Denmark is a member. Its strength is in the co-operative spirit on which Danish life and government are based, the various objects it pursues co-operatively for the nurses' interests and the soundness of its professional standards. By its influence in hospital organization an older custom of keeping nurses stationary is being modified. To its power, also, is due the overcoming of an old-time prejudice on the part of medical men against having a matron with power to arrange and control nurses rotation in

service. This also is gradually passing and with such an example as Charlotte Munck at the head of nursing in one of the finest Danish hospitals, that at Bispebjerg, the association saw a leading purpose attained.

Though there is no state registration as yet, the association carries on its own registration most effectively. Its requirements are so generally accepted that the two mother-houses register their deaconesses with it as evidence of their nursing qualifications. There is no other such instance.

An interesting example of what is being done in a co-operative commonwealth is the subsidy given by the State to the Council to provide a post-graduate training in specialties at home or abroad. The association publishes a journal, the *Tidsskrift f. Sygepleje*, maintains an active headquarters and convalescent homes, and is the centre of all the protective measures of the country as they relate to nurses. Danish hospitals are very beautiful and complete and the nursing staffs are capable and intelligent women. Hospital and Nursing belong under the Minister of Education. In 1924 a woman was given this Cabinet position.

Denmark has an Army Nurse Corps under a superintending matron who is also a member of the Red Cross Central Board. (In 1924—Cecilie

Lütken.) The sisters without having military rank are treated as officers. In Denmark, the Red Cross does not train nurses, but, as in our country, depends upon the nurses' association to supply all its needs. Danish nurses volunteered and served in numbers in all the warring countries in 1914-18, where their knowledge of languages and gifts of character called them to many positions of peculiar responsibility.

The revival of nursing in Sweden in the last century, as in so many countries, was through the influence of the Fliedners. It was as early as 1851 that a small mother-house was opened with Miss Marie Cederskiöld, who had been sent to Kaiserswerth to study, as Matron. It grew to be a large and varied colony like the Motherhouse. One other deaconess institute was founded.

The Swedish Red Cross, formed in 1864, at once organized a short nursing course but this being quickly found insufficient, Miss Emmy Rappe went, after correspondence with Miss Nightingale, to train at St. Thomas's and then began (1866) her hospital work in her own country. Queen Sophia of Sweden, of liberal ideas, and a wish to train nurses with special care, founded (1884) a small school afterwards enlarged and

attached to a very beautiful new hospital, the Sophiahemmet (1889). Miss Ehrenborg, the first matron, had also studied at St. Thomas's. Today, of course, the city and county hospitals with their schools of nursing outnumber all the rest.

Swedish nursing is well and carefully taught by Matrons and head nurses, but Miss Nightingale's views are not yet wholly accepted by Swedish physicians and, as a rule the Matron has not enough final authority. The doctors have far too much power. If an important medical chief goes from one hospital position to another, he can, if he chooses, take all his nurses with him. Those who are displaced must go elsewhere.

The hospitals offer ample post-graduate study and practice in all the specialties while different educational centers provide accompanying theory. Swedish nurses, therefore, have excellent special courses and their attainments in mental nursing are very high, excelling, it is believed, most others. The Swedish Nurses' Association was formed in 1910. Its first president, Sister Emmy Lindhagen, a very interesting character, came to the Berlin Congress. Her early death was a loss. The president in 1924 was Sister Bertha Wellin, a nurse of unique eminence as she was (and for some years had been) a member of the

Swedish Parliament. We have far to go to equal that. Sister Bertha was an acknowledged expert authority on social work of all kinds. She was (and, 1924, still is) Editor of the *Nurses' Journal* and this little journal, too, had a unique history. It was owned by seven nurses who had begun it two years before the Association was formed. When that happened they arranged that it should be continued as the official organ and that all profits should go into a fund to provide scholarships for post-graduate work.

Since 1918 the Association has had a special section for nurses in social work—there are so many of them in important positions, and these lines of work are very often laid down by protective legislative acts of various kinds.

State registration was secured in 1920: One nurse and several physicians administer the Act. Miss Nordendahl, the nurse (1924), a very able woman, was the inspector of schools as this was written. The act fixed a two years training, but since it passed there has been, among the hospitals, a steady process of lengthening the course to three years. Among the twenty-one registered schools, two are endowed.

Nursing in Norway was first patterned after Kaiserswerth (1868) when Cathinka Guldberg was

there trained and the Norwegian Motherhouse for Deaconesses was opened. There are now two Motherhouses.

The Red Cross opened its first school there (1893) with what was then the best standard of training in the country—one and a half years and with a highly educated class of refined women. Its course is now (1924) for three years and with five schools it has been an important factor in national nursing and the teaching of hygiene. While responsible for much visiting nursing and private duty, it does not bind nurses to its continuous service.

Norway

The Norwegian Women's Health Association conducts three schools for nurses, the first of which was founded in 1898. While private philanthropies developed, stress was laid chiefly on self-sacrifice rather than on sound preparation for nursing, but as big city and county hospitals, (seven in all—their nursing schools dating from 1898 on) learned the importance of good nursing, standards of study and practice were improved. To this tendency the efforts and influence of the Norwegian Nurses' Association have greatly contributed. The society was founded in 1912; its founder and first president, Sister Bergljot Larsson, still (1924) at its head. The nursing journal

appeared at the same time. Sister Bergljot, young and energetic, set the association's aims high and made its membership requirements strict. It never remitted its watchfulness in professional affairs and has had numerous contests with various societies interested in health, backed up by medical men who, since 1915, have carried on intermittent attempts to register two grades of nurses. It is a pity that among these influences there should be found the tuberculosis societies who have otherwise done so much in recognition of good nursing. The partially trained nurse, who has become inevitable, perhaps, in private duty in countries of complex features, is not needed in Norway and should never be employed in preventive work.

There is much that is picturesque in visiting nursing carried on in the remote distances of beautiful Norway. A great deal of public health work is also carried on. Nowhere has the woman movement made more striking progress or secured more advanced laws. It is therefore natural to find that nurses are much employed by the Government as tenement house inspectors, in the assistance of unmarried mothers, in the supervision of old age and mothers' pensions, and released prisoners, and that in general they do a great deal of social work.

An ancient home of legendary medicine and "white magic" is Finland, evolving into monastic care of the sick and coming to its modern phase about 1867, when the

Finland

Deaconess order was introduced by a philanthropist, Mrs. Amanda Cajander, a physician's wife. The Motherhouse brought about a general uplift in hospital nursing and work among the poor and there are still several deaconess orders. When the Surgical hospital in Helsingfors was opened in 1888, as one of the University Clinics, the English system was introduced. A young woman of earnest and lovely character, Anna Broms, who had been trained in Sweden and at the Royal Infirmary of Edinburgh, was placed in the surgical hospital as Matron by Dr. F. Saltzmann, who was exceptionally liberal. Miss Broms founded her work, but lost her life after several years' strenuous activity. Sophie Mannerheim, the next Matron, had been trained at St. Thomas's, and under her hand the training school was enlarged to care for all the hospitals belonging to the university.

Finnish nurses have a national association which does some unusual things. It maintains the preliminary course for probationers, and also their Home, receiving for this purpose a govern-

ment grant. An odd little story connects this Home with Miss Nightingale. The pupils had at first not been required to live in a Nurses' Home, as it was repugnant to the free customs of the country to "live in." Each nurse therefore lived where she pleased. The results of this system were so injurious to the hospital service, that Miss Nightingale was consulted by Miss Ekblom, and by her advice they were induced to go into residence in the Home. Miss Nightingale then gave the Home her portrait and a sum of money which the nurses have funded for educational purposes. The most recent plans for the preliminary course were (1924) to so enlarge it that it should include the probationers of all hospitals in Finland recognized by the Nurses' Association.

The association has published its journal, *Epione*, since 1908. It also publishes nursing text books, gives scholarships for foreign study and conducts many other enterprises for its members' benefit. The Association's first president (1898) was Anna Falcken. Eminent present leaders who must be mentioned among others are (1924) besides Sophie Mannerheim, Mrs. Olga Lackström, Editor of the journal from its foundation, and Ellen Nylander, who for seventeen years directed the central preliminary school

and is well known in England and the United States.

Public Health and Public School nursing are of rather recent date, and it is interesting to know that qualified nurses have been placed in several prisons, for many larger countries have not yet done this.

Visiting nursing has always been largely in the hands of the deaconesses, but the nurses' association has also done much to promote it. In the nurses' hands are child conservation work and public health nursing.

In 1920 the four countries just reviewed, whose problems are in every way so much alike, formed with Iceland, the Nursing Association for the Co-operation of Countries of Northern Europe. Congresses are held every three years. These national societies all give their own certificate to their members who intend going to foreign countries. In all of them their uniform is legally protected.

Feudal survivals were extant in Germany, such as the aristocratic nursing orders of St. John of Jerusalem; religious orders were maintaining the best nursing that was being done, and ill-paid illiterates were being oppressed in big secular hospital wards as men and women attendants, when the Kaisers-

Countries
of varied
systems.
Germany

werth order of deaconesses amended the old and revived a better system, as we have seen.

When the Red Cross arose, its nursing system spread with great prestige over Germany, rivalling the deaconess orders. Many hospitals came under the direct control of the Red Cross, and it trained nurses who were bound by contract to its service for life, if they would so promise, or as long as they wished. While they so remained, they were entirely under its control as well in peace times as in war. The Red Cross founded training schools of unquestioned excellence in Germany. It also had many whose deplorable defects were obvious.

In spite of its military form and discipline, the Red Cross was, from the standpoint of nursing evolution, freer than the deaconess orders. It accepted pupils of all religions, and allowed the enjoyment of intellectual liberty, social life, music, and drama, to its staff. Also, nurses could terminate their Red Cross contracts and seek independent occupations without incurring the stigma that attached to the deaconess who left her Motherhouse.

Next appeared the Nightingale system in the Victoria House founded by the Empress Frederick, daughter of Queen Victoria, in Berlin (1886). Its first Matron was sent to St. Thomas's to be trained.

This was imitated in other large hospitals, notably that at Eppendorf, Hamburg.

Liberal pastors now modified the deaconess system, allowing more freedom, giving the Sisters a share in direction, and providing for fuller economic advantages. Finally in evolution came the "Free" Sisters, those who had, for justifiable reasons, chiefly economic, left the various rigid orders to work independently. They were organized into a national society by Sister Agnes Karll, a woman of great breadth of mind and a genuine humanitarian; born, also, with gifts of leadership.

By the time the world war broke out the Free Sisters had attained a gratifying stage of progress. They had asked for state registration and secured an act, which, though obtained from the Prussian legislature only was followed by other states. It fixed one year in hospital. As many medical men had been busily training "nurses" in their offices by a six weeks course, this was a decided advance, though the act was not compulsory.

The Society founded a journal and adopted the name and badge of the extinct Lazarus order. This was the first national society to take up seriously the question of over-strain and pathological fatigue, a crusade urgently called for in a

country where twenty-four hour duty was still to be found.

The Free Sisters could not, of course, establish new schools. They could only try to direct the currents of nursing development into broader channels. In 1912 Sister Agnes had succeeded in obtaining special courses for nurses at the College for Women at Leipsic. To help in this undertaking, Sister Agnes Meyer came to work and study with Anna Maxwell and Adelaide Nutting in New York and with Sara Parsons in Boston. She then went back and lectured and taught in Leipsic. But this was overthrown by the war. War nursing within Germany was chiefly in the hands of the powerful Red Cross and the Free Sisters gained only a small extent of governmental recognition, their most important services being their nursing missions offered to Austria. In 1915 their uniform and badge were granted legal protection.

In 1920 the Prussian registration act was amended to a two-year basis but no nurses had place on the examining board.

In 1924 there were sixty or more Red Cross schools for nursing and quite as many Mother-houses for deaconesses,—all the big municipalities had their hospitals with attached schools

and there were three connected with university hospitals.

German nurses, especially the Free Sisters, suffered severely during the war and even more intensely after the war was over. To us, hope seems promised in the remarkable advance of feminism in Europe, so strikingly demonstrated in their own country. Under the new constitution, in which women's equality with men is uncompromisingly recognized and with women of immense ability sharing in the government, the nursing groups must finally gain in strength even though the first effects of democracy may be to injure their strict methods of training. The Free Sisters have large headquarters where they look after every interest of all their members. They publish a journal—*Das Lazaruskreuz*—and are among the strongest supporters of international amity. Who that went to Cologne can ever forget our nursing Congress there?

Fifty years ago nursing was entirely in the hands of Catholic and Protestant religious orders. Among the latter Deaconess Mother-
houses became numerous, and were
affiliated with Kaiserswerth. Deaconesses carried on a great deal of district nursing, which has always been well attended to in Holland. In 1874

Holland

the White Cross Society of North Holland, aided by Jeltje de Bosch Kemper, a pioneer for women's work, promoted secular, humane nursing under volunteer auspices. The first certificates were given in 1879. In the public institutions the modern reform was led by Miss Reynvaan, at the Wilhelmina hospital in the early 1890's. She was a gentlewoman of the true type, and her example brought about the appointment of women of cultured and fine personalities as Matrons of the big hospitals. Through their influence, the hospital staffs were selected from a desirable personnel and certain very great improvements in teaching and training were brought about.

The hospital directors delegated their authority most sparingly, so sparingly, indeed, that women possessing every gift needed for leadership, including that intangible one called "womanliness," were unable to carry their progressive ideas beyond a fixed and narrow limit. Their subordination to the directors was definite, and it was clinched by the formation of a society composed of Matrons, directors, physicians, and laymen, in which the former were in the minority. As pressing questions came forward, such as over-long hours of work and imperfect teaching of probationers, this society appeared to exist for the pur-

pose of preventing further improvements from being made. As a result of this an insurgent association of nurses, standing for progress toward better professional training, was formed (1900), with the name *Nosokomos* (The Nurse). It admitted only nurses to membership and was led successively by E. J. Van Stockum and J. C. Van Lanschot Hubrecht. Both these women were of extreme unselfishness and devotion, holding the highest ideals and living for them. They founded a professional journal called *Nosokomos*, and this, next to the *British Journal of Nursing*, has been a highly militant publication, pursuing steadily the task of pushing and prodding the powerful, well organized hospital directors, to recognize nursing as based on thorough progressive education. Their aim was twofold—to stop the economic exploitation of nurses, and to promote a thorough training for pupils by bringing all institutions to an educational basic standard through state regulation. Progress was slow and leaders fell in its path. Miss Hubrecht died in 1918, a loss irreparable to those who knew her. Before her death she had turned to the woman suffrage movement as holding out the only solid hope for women's professional advancement. Her conviction was that not until the vote was gained would

women be able to build up standards for life and service. Not long after she died this was attained.

The younger women have pressed steadily on in their purposes. Nosokomos, because of its persistence and direct aims, has far more influence than its comparative size would indicate. Its efforts toward registration, begun in 1907 and kept up against all opposition, finally brought the government to consider the question. In 1919, the conservative society, seeing that it was inevitable tried to take the lead. In 1921 an Act was passed and though Nosokomos is not satisfied with its details it is regarded as a fair beginning. Nosokomos gives keen attention to the conditions of nursing work. It urges the eight hour day and, in contrast to the older ideas, it insists that nurses should not be compelled to "live in." It is also ever critical of educational conservatism. To stimulate the hospital courses it instituted its own examinations. It has always insisted that schools of nursing should be under the minister of education. It circulates a professional library and publishes text books, aided in this by liberal young physicians. It also conducts special courses ("repetition courses") by "Sister-Tutors" to prove the need of post-graduate study. The growing power of Nosokomos is shown in the efforts made

by the conservative association to attract young nurses into its own membership.

Visiting nursing, with the teaching of hygiene and sanitation, are admirably carried on in the Netherlands by the White Cross and the Green Cross Associations. There is also a course in Public Health nursing at Utrecht under the Green Cross. It is hardly necessary to add that all public institutions in Holland are of a sound character, for this was a distinguishing mark of this country when many others were taking first steps in good management.

The entrance of the Red Cross into nursing education in Holland was announced in 1923, when it called the various organizations into conference. It planned a school of its own. To this conference Nosokomos intended to carry its plans and appeals for a higher education and broader practical training for nurses.

The field of nursing in Belgium had been occupied for centuries by religious orders of especially picturesque types and of considerable practical ability. All visitors know the Belgium
Béguinages, and many secular nurses have been charmed by the beauty of the hospitals nursed by Catholic Sisters,—by their bewitching costumes, and their lovable personality.

The pioneer in introducing the English system in Belgium was Dr. Depage, so well known to Americans since the war. In 1907 he applied to the London Hospital for a Matron to organize the Belgian School of Certificated Nurses and Edith Cavell was sent for this work. In 1912, when nurses met in the Cologne Congress, Miss Cavell wrote a report to be read there. She mentioned the medical pioneers of improved nursing, Dr. Depolpe, and Dr. Ley; pointed out the unusually liberal attitude of medical men in Belgium and their willingness to place Matrons in organizing positions, told how their influence had brought about state registration in 1908 and how, though elementary, this act had stimulated better training and had been accepted by the religious orders.

The war brought a rude interruption to nursing reorganization, and Miss Cavell, for aiding war prisoners to escape to their own countries, was shot,—an example of what the war system is and what it does. Since then memorials have been built to her in many places, but not well enough were her last words always remembered: "I realize that patriotism is not enough. I must have no hatred or bitterness toward any one." The school that Miss Cavell founded was given her own name, with that of Marie Depage, after the war.

Young nurses of Brussels seeking fellowship and inspiration then (1919) founded the Professional Union of Belgian nurses and brought out their journal in the same year. Similar groups arose in other cities and they were federated as the National Federation of Belgian Nurses. They made the same practical demands as the nurses of Holland, turning away from the past to the future. The legislation of Belgium was improved and a three years course was fixed.

Observers of the nursing conditions of Belgium today see all in change and motion. There is as yet no firmly established position for the Matron. The Catholic Hospital of St. Camille opened a school for secular nurses under charge of the Sisters.—The young organized nurses are associated on lines somewhat similar to those of the English Nurses' "Professional Union." There seems some probability that a situation like that of Holland may develop, where the conservative matrons and hospital directors oppose the progressive group. "The Doctors, the Red Cross, the Hospital Directors, the employers and the Church (wrote an interested foreigner) all seem to wish to dominate nursing." But this, after all, is not peculiar to Belgium only.

Nursing in Switzerland began with the deacon

esses, who were as always, conscientious, devoted and beautifully clean in their bedside work. In

1859 a school was established near
 Switzerland Lausanne on "free" principles;—namely that women should be able to attain self-support on an independent plane, not bound to an institution nor subject to a religious test. We hardly realize today how advanced in liberalism that was at that time. This school, called La Source, should have become more influential than it did. It came wholly under medical management and though it has always drawn women of a fine type, it never trained them as Miss Nightingale did her pupils for nursing "missioners."

At a recent date La Source was taken over by the Red Cross with a composite control.

Catholic nursing sisterhoods managed some hospitals and many liberal spirits were found among them, notably at Ingebohl. They also did some very good nursing.

The Red Cross then became the prevailing power in Swiss nursing and some of its best examples of hospital and nursing work are found there.

In general, it may be said that all Swiss nurses are of so good a type that only careful handiwork and self-abnegation are to be looked for among them. They are weak in organization and have

never formed a unified professional group to express their ideas or urge their claims. There is a Nursing Association, founded in 1910, which is welded closely with the Red Cross. Its chief aim is to strengthen the latter and the statutes and by-laws must be approved by the Red Cross. The association includes men and women nurses and is divided into sections, each one having a medical man at its head. The Association sets an examination after three years' training in schools and hospitals recognized by its own body, as there is no State registration. Under the influence of the German Free Sisters an attempt at self-organization was made many years ago but nothing came of it. Switzerland has beautiful and spacious, well-equipped hospitals, but on nursing matters the words of a friendly critic not long ago were, "a fine type of women, but little advance."

While Austria has always had Catholic Nursing Sisterhoods of practical excellence, and Red Cross hospitals with training of the best in that country, a change toward modern methods in University hospitals and big city hospitals has only been under way since about 1913 and has been, in part at least, due to the influence of the German Nurses' Association. For, while medical science always

Austria

stood high in Austria, the nursing art had lagged far behind. The University of Vienna now has a training course of three years, working toward good modern standards, and the big General Hospital in the same city has an equipment for teaching of unsurpassed excellence. Physicians are at the heads of schools, but under them are Matrons who, however, do not hold quite the same position as the English Matron, though they lecture and teach. One must marvel that a country whose professional classes suffered so cruelly after the war could so soon become active in altruistic work, but Austria in 1924 was developing centers for teaching child welfare and social and public health service.

Russia, covering one-sixth of the earth's surface, is not easily outlined in a paragraph, but it is probable that the main pattern of her nursing (and that is also true of the Balkans) has changed but little in essentials from that of five hundred years ago. On that pattern certain variations have appeared without making much change. Within the last two years a number of English and American nurses have known different aspects of Russian life and each has given her picture of the nursing situation, no two of which are quite alike. We

know that Russia had Sisters of Mercy as far back as the Crimean war and that they went close to the lines and performed many acts of heroism. They were still active during the world war. The Red Cross Sisters were usually aristocrats, women able to command, and well trained in two-year hospital courses on the German and Scandinavian Red Cross pattern. The empire had large and fine hospital buildings in the cities, but in them the lowly services which keep a patient clean and make him comfortable, were mostly carried on by the servants. The *felscher* and *felscheritza* were a sub-medical, rather than a nursing class. Still useful in country districts where no physicians are available, they tend to disappear in large cities. Midwives had a thorough training and medical women have long stood high, for in Russia even under the Empire, intellectual equality for men and women was the rule. In some towns there were orders of Orthodox Church Sisters and these, it was said, gave the best hospital care to be found; they were kind, and their patients were clean and well attended.

A new spirit is stirring in Russia since the revolution, and the daughters of the proletariat are to be the successors of the old régime. Not yet has there been time to do more than begin to

reconstruct in nursing, but medical men and women have the most advanced ideals of eugenics, child culture, health improvement and preventive social work. Model experimentation has already begun with the children, the nurses, under medical direction, working as they learn. In some city centres plans for general modern training are under way. Following on this ideal, may come in time a modern nursing system for the Workers Republic.

French hospitals had been nursed almost entirely by religious orders up to the opening of the twentieth century. Two important exceptions were the Hôtel-Dieu of Lyons, which was staffed by a secular order peculiar to that hospital, and the Salpêtrière, in Paris, which had lay nurses of a superior type under a Matron and head nurses. They were of the old school, untrained, but had their traditions. The work of the nuns had fallen behind, and various efforts were made by progressive Catholics to instill a more practical quality into their nursing. From the visible conditions under such of those orders as had survived at the end of the twentieth century, it was clear to modern nurses that the French nuns were not as efficient as the Austrian and

German and Swiss Catholic Sisters, and could not be compared with the Irish and American Sisters of Charity and Sisters of Mercy. There was also much to be condemned in the policy and attitude of secular administrations as regarded nursing in hospitals.

From 1862 to 1909 special efforts were made by the Paris department of public charities (*l'Assistance publique*) to train a lay personnel for the great hospitals of Paris, all of which were then, as now, under government control. Dr. Bourneville, a very eminent medical specialist and in many ways a revolutionary, who was for years on the city council, made the instruction of such a personnel the chief object of his life. He went to England and studied the Nightingale system, but he seemed not to have perceived that the trained Matron was the keynote of that system. His efforts were largely a failure. Altruistic groups of women then tried to train pupils in carefully guarded homes under high standards of moral influence, with academic instruction as in a boarding school, but as public hospitals were unfit for young women of refined types to live in, those pupils could only visit them for a few hours daily. Such efforts were also of incomplete result.

But France had a peer to Miss Nightingale in

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the person of Anna Hamilton, whose father's family was English or rather Scotch Irish. Born in 1864, Anna studied medicine in **The Nightingale system in France** Montpellier, Geneva, and Paris. She was, however, so revolted by the conditions in hospitals that she took for her medical thesis the subject "Hospital Nursing," treating it with a thoroughness and outspokenness of criticism that angered the entire existing system, not only the Sisterhoods, but the secular administrations, and the medical hierarchy as well. In the course of preparing this thesis she went to England and studied English nursing. It seems the greatest pity, as things have turned out, that she was refused opportunity to do this at St. Thomas's and that she never met Miss Nightingale. Isla Stewart opened the doors of St. Bartholomew's to her, and she was finally able to explain, in her thesis, the English system as the model system. When Dr. Hamilton later took the post of superintendent and resident physician in the Protestant hospital of Bordeaux (Maison de Santé Protestante), a foundation not under city administration, but supported by voluntary subscription, she called an English nurse, Catherine Elston, to direct and develop the training school for nurses. Miss Elston, who was as much French

as English, was adapted perfectly to her task. She remained for some years at the *Maison de Santé*, until she had trained women who were wholly qualified, to succeed her. She then went at the request of the Mayor of Bordeaux, Dr. Lande, successively to two large hospitals under city control, to reorganize the nursing there. At the Tondu she remained until a model school was well developed, and then went to Algeria. Meantime Dr. Hamilton, while still working on her thesis, had persuaded Mlle. Luigi, a young French-woman of culture and great charm, to go to the London hospital for training. Mlle. Luigi was then placed in the *Hôpital Civile* of Bézier by Dr. Lande's influence. She established a training school there, and was called to do the same thing in the large *Hôtel-Dieu* at Rheims. She was there when the war broke out, and stayed at her post throughout the siege.

The school at the Protestant hospital is a model in ethical ideals, in practical training of the most finished kind, in careful class work and lecture courses, in household arts, and a well balanced ward experience. The students are, moreover, selected with great care, for stress is laid on the requisites of good education and gentle culture, for applicants. In connection with

the dispensary work a visiting nurse was appointed, the first in France. As the graduates of this school grew in numbers they were placed in a number of provincial hospitals as Matrons authorized to reorganize the nursing, and in army hospitals.

A word about the power behind the throne that made this possible. Conservative as France is in some ways, there are, in every section, groups of men whose progressive ideas are far ahead of their day. Such men are especially desirous of advancing the woman movement, and show this by giving women an equal share in public activity whenever it is in their power to do so. Dr. P. L. Lande, as mayor of Bordeaux, medical man and generally a weighty man of extensive influence, was able to exert a great deal of quiet power, and he used this in co-operation with Dr. Hamilton. His death, in 1912, was a deep grief and a great loss to the friends of nursing reform. Since then some of his work has been undone or weakened in morale and effectiveness.

Dr. Hamilton had based her training school on the principles of Miss Nightingale and stated this in all the hospital circulars. In 1918 the executors of Miss Nightingale granted Dr. Hamilton the well-merited recognition of allowing

her to take for her school the name "Florence Nightingale School for Nurses" after a careful inquiry into and examination of its standards. As, by the laws of France, this entitled her to the sole right to use that name, her friends felt that her reward was complete. An outline of the later growth of this interesting school and the part taken therein by American nurses will be found in another place.

There were, in Paris, the small private schools of Mlle. Chaptal and of the Rue Amyot, exquisitely refined and exclusive, whose pupils went only by day to the big hospitals for several hours teaching in bedside nursing.

The Paris administration made an effort to improve the nursing in the city hospitals in 1907. A splendid and well-equipped building was then erected as a school for nurses. The best available pupils were placed there under a Directress, but at first, one who was not a trained nurse. The final control remained in men's hands. The pupils were trained in the wards of different hospitals under head nurses, but no trained Matrons were placed in the hospitals to regulate pupils and head nurses alike. Naturally there was still no moral protection for young women, nor a professional standard for guiding pupils through the

practical work, and careful parents would not allow their well-brought-up daughters to enter public hospitals under those conditions. Until Paris is ready to accept the Matron with full powers, she will not be able to compete with England in skilled nursing, nor with her own city of Bordeaux. After the war, French nursing took on a many-sided aspect which will be touched on later.

The immense, and, from the standpoint of architecture and interior decoration, the beautiful hospitals of Italy, many of which are former convents and monasteries, were nursed almost entirely up to thirty years ago by religious orders of men and women. Most of the Florentine institutions, whose work was much better than the average, were staffed by semi-secular Sisterhoods under secular control. In these and some few other hospitals in large cities the Sisters did most of the practical nursing, but as a rule, the bodily care of the sick was left to illiterate paid attendants. This was especially true in city hospitals.

The first analysis and criticism of Italian hospital nursing was published in 1901 by the wife of Professor Angelo Celli, a physician distinguished for research work in malaria, who was also at that

time a member of the Italian government. Signora Celli had been trained as a nurse in the modern secular school at Hamburg-Eppendorf. The Cellis were both advanced thinkers on social subjects, and active in promoting movements for health, conservation of child life, and improvement of working-class conditions. She wrote of the nuns:

The discipline of the religious orders is certainly vastly superior to that of the lay nurses. . . . But this admirable discipline has one defect; instead of first recognizing the medical it puts first the religious authority . . . to be a competent nurse it is absolutely necessary to be thoroughly taught and not limited to the religious service . . . she should not from reasons of false modesty leave the most important parts of the care of the sick to attendants, but it should be her highest dignity and honour to have no ignorant person touch her patient. . . . She should not wear a dark habit and immense headdress which impedes work and becomes a vehicle for micro-organisms, but choose a light washable dress. Until such reforms can be made the religious Sister can never be a model nurse in the modern sense of the word.

Signora Celli also investigated the conditions of the servant nurses. They were often accepted at

the age of eighteen or even younger. They sometimes lived in the hospital, sometimes outside. Attempts were made to teach them by lectures, but they were so illiterate that this often did more harm than good, and they remained densely ignorant of aseptic technique, of dietaries for the sick, and of all the little cares that make a patient comfortable. Most hospitals made no provision for the future of their attendants. As they grew old they were dismissed, and their wages were so small that they learned to extract fees even from the poorest. Their hours of continuous work ranged from twelve to forty-eight.

In 1908 Signora Celli published the results of a second inquiry and noted some ameliorations in hours of work, and greatly improved standards of nursing among the Sisters of Charity. In 1906 Pope Pius X had sent out a circular in which nuns were counselled to lay aside false modesty and learn to be efficient nurses. A school of instruction was opened to them in Rome under his own auspices. Signora Celli's hospital census showed that forty per cent. of the entire nursing personnel of Italy were religious Sisters (with some monks in men's wards). The general national preference was for the nuns. They were a superior class of women; their discipline was best, and their cost to

the hospitals was less. She then went on to point out the unhygienic conditions of the Sisters' own lives, and their high percentage of illness. She advised leaving the nuns in charge of general administration and household economy; appointing trained Matrons and head nurses; abolishing the male officials who supervised the lay nurses; separating the ward nurses from the general servants, and relieving the ward personnel from religious rule.

The English system of nursing was introduced into Italy by Amy Turton, who lived in Florence in the English colony. She had been accustomed to visit the hospitals as a friendly visitor, and became so impressed with the need of nursing that she tried to devote her own energies to it and attempted vainly to get some training in Italy. She then wrote to Miss Nightingale, who took deep interest in her aims, wrote her several delightful and characteristic letters, and arranged for her to enter the Royal infirmary at Edinburgh, to be trained under Miss Spencer (1893-4).

Miss Turton proved to have potent ability for starting things and getting people interested, and as her circle of friends were influential people, she was able to initiate important movements. It was she who brought Grace Baxter from the Johns Hopkins hospital (where she had finished training),

to Naples (1901). The Princess Strongoli, a prominent patron of modern education for girls, had already founded a girls' school in that city, and was interested in developing nursing. Through her influence certain wards in the large general hospital Gesù e Maria were available for this purpose, and there Miss Baxter did remarkable and very successful work for a number of years. Grace Baxter was also of English parentage, but had been born and had lived all her life in Italy. She was, probably, of all the women who have done valuable work in remodelling Italian nursing, the one who was, by Italians, regarded as being most nearly an Italian. Her school and nurses had the name "Blue Cross."

A school on the English model was opened in 1910 in Rome attached to the magnificent new Polyclinic hospital, then just completed, where it undertook to staff a section of wards giving a rounded training. Dorothy Snell, an English Matron, was placed in charge. The school had the highest backing and the co-operation of many eminent medical men. It was named for the Queen of Italy "Queen Helen's School."

As time went on some of the high hopes of the pioneers for a swift revolution were modified. Century-old customs were not to be so easily dis-

placed and the strict northern discipline was perhaps not flexible enough. The princess of Strongoli died and the Blue Cross nurses were transferred to a smaller private hospital. Miss Baxter retired to her home and other interests. Queen Helen's school held its ground but did not extend rapidly and in 1924 a second school directed by the Italian Red Cross was attached to the Polyclinic hospital in another set of wards, the institution being, indeed, big enough to use many nurses. Smaller pioneer efforts which we have not had room to describe, died away. With the war and after, a great impetus was given to Italian Red Cross work. Many observers thought that the demonstration then given of women's work in every line would react favourably at least upon the nursing idea and so it seemed, for an enthusiasm for public health seized upon the volunteers, and public health nursing called for nurses. A National Association of the young "Nightingale" sisters was formed with the active help of Red Cross volunteers who had served in war work and had studied public health problems with Mary Gardner and others who were in Italy with the American Red Cross. With engaging sincerity these young women guides disclaimed any wish to control, and desired only to help professional

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organizations. According to their reports there were then (1924) in Italy, three schools for nurses with ample hospital facilities and a few small ones. The attendants, or servant nurses, who were very numerous, were strongly organized in unions, necessary indeed to improve their hard conditions, but unfortunately they resisted all attempts at improved nursing care and better teaching. The religious sisters went on in their serene way, but not unmindful of modern medical technique, and planning a school for secular nurses in Turin. On the whole the Sisters are preferred by most of Italy, although some think that the Red Cross will be a help toward modern nursing. So, for some time, doubtless, the varied systems of Italy will act and react on each other, with what final result cannot now be foretold.

In these countries religious orders had been supreme in nursing until the time of the Spanish-Cuba and American war. When that was over Porto Rico the Sisters were recalled to their motherhouses in Spain, and a very complete reorganization of hospital work took place, accompanied by extensive sanitary undertakings of the American government, designed to eradicate yellow fever and malaria, and to combat tuberculosis and other infectious diseases.

Many American women had been occupied with war nursing in Cuba. Among them were well-known leaders and organizers and from these, when the war ended, the United States Government selected women for reconstruction. Lucy Quintard, Sarah S. Henry and Mary A. O'Donnell laid the foundations. Eugénie Hibbard had the longest service and in many ways identified herself especially with Cuban hospital reform. New hospitals were built by the United States Government to which training schools were attached, organized under the Department of Charities, and planned from the outset on a model scale. From 1901 on, the chief responsibility of directing the entire system was given to Miss Hibbard, and she and Mrs. Quintard sat upon a committee of the Central Board of Charities of Havana which drew up the controlling regulations. These comprised state recognition and state-conferred degrees, at the end of a three-year training course. Thus Cuba endeavoured to attain at once what other countries have laboriously reached by slow stages. The experiment of training young Cuban girls of refinement was a novel experiment full of difficulties, perhaps some disappointments, but also rich in rewards.

Miss Hibbard was in 1924 still at her post, her

title then being Chief of the Bureau of Nurses under the Department of Health and Charities. She helped to organize her graduate pupils into a national association and brought two of them to London in 1899 to interest them in the outer world. They were ready to enter the international council when the war interfered. In their post-graduate life the Cuban nurses are rather passive—marriage takes off many of them, and while some of us believed they would go into South America as pioneers this has not come about as yet.

Porto Rico, so neglected politically, made a good beginning with nursing reform when Amy Pope went from Miss Maxwell and the Presbyterian Hospital in New York and opened the first training school in 1904. This school, also in a Presbyterian hospital, has survived and maintained high standards, but two others, founded later, did not reach quite the same level. Politics interfered with nursing and a courageous young Association, called the Registered Nurses' Association of Porto Rico, founded in 1916, under the presidency of Rosa A. Gonzales, and affiliated in 1924 with the American Nurses' Association, stands forth to "maintain a high standard and defend the rights of graduate nurses."

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A medical act provided for theoretical examinations of nurses by a board of physicians appointed by the governor. The nurses have presented resolutions to the legislature asking for a more thorough system and for a board having a majority of nurses upon it, so far in vain. The Board of Health however, will register all training schools after 1925 and will also require midwives to be graduate nurses after that date.

The influence of the American Red Cross has been helpful to Porto Rican nurses, and salutary to the Board of Health.

Until a rather recent time nursing in the countries of South America was carried on entirely by orders of religious sisters having under them the familiar subordinate of the South
America "Servant-Nurse" type—uneducated and untrained. The tradition of Latin Europe, of beautiful, even magnificent hospitals with chiefly illiterate staffs of ward attendants, prevailed. For many years it was only varied by the isolated work of English nurses—who were, as so often, the earliest pioneers—in nursing homes, or occasionally in hospital wards for the foreigners. Some of them in the past have written of interesting experiences.

In 1912 several English nurses were brought to Montevideo, Uruguay, by Dr. Carlos Nery, acting

for the *Assistance publique* (national department of charities) to establish a training school on the Nightingale system—the first in South America. They stayed for three years and left behind them their trained Uruguayan pupils as Matrons and Sisters in charge. The school has remained true to its English model, and its nurses have a national association professionally organized. They, after finishing their course, take positions in the state hospitals.

The South American countries each had its Red Cross Society and these, in some centres, have organized schools for nursing, not all on a sound basis in our eyes but representing a stage of growth and knowing how to avoid the prejudices of Southern peoples against a too strict discipline. In these schools the pupils' attendance on practical teaching in the hospital wards is almost optional, so partial and irregular is it. It is only fair, though, to add that the newest plans look to a more solid schedule than this.

At the Pan-American Red Cross conference in Buenos Aires it was agreed that the Nightingale system was the ideal, indeed the only satisfactory type of training, but that it encountered great difficulties. Realizing how many of our rural and remote hospitals are far from meeting Miss Night-

ingale's stipulations, one must have every sympathy with first attempts in Southern countries.

American participation in nursing in the Southern continent occurred in 1921, when Dr. Carlos Chagas, Director of the National Department of Health of Brazil asked the assistance of the International Health Board of the Rockefeller Foundation in establishing a school of nursing and a public health nursing service in that country. In response to this request, in August, 1921, Mrs. Ethel Parsons was sent to Rio de Janeiro to make a study of the situation. She found a keen and active interest in nursing education, especially in education of public health nurses, among Brazilian physicians. In the Bureaux of Tuberculosis, Child Hygiene and Venereal Diseases, forty-four women had already been employed as visiting nurses to do follow-up work on clinic cases. These women had had no training except what instruction the physicians in the clinics had been able to give them. The double problem was: to improve the already existing service while filling the keenly felt need of follow up work on clinic cases in the three Bureaux above mentioned, and to establish a standard school of nursing.

To meet the first need a "Six months Emergency Course for Health Visitors" was established

for the women already employed as "visiting nurses," with the full understanding that this was only an emergency measure, and that these visitors would be replaced by fully trained public health nurses as soon as a sufficient number could be graduated from the hospital training school.

With the assistance of the International Health Board of the Rockefeller Foundation, seven American public health nurses were employed by the National Department of Health to act as teachers and supervisors of the health visitors. The city was divided into zones with an American public health nurse in each zone, and subdivided into districts with a Brazilian health visitor in each district.

In February, 1922, the School of Nursing opened with twelve students in the Hospital of St. Francis of Assisi. The course is of two years of general, and four months of optional special training. The director of the school and seven nurses who act as teachers and supervisors are American.

In 1923 a Bureau of Nursing under which all nursing activities of the Department would function was created in the National Department of Health, having equal rank with the other Bureaux.

The school promised well, and its students increased in numbers. As they become qualified

they will replace the Americans both in the school and the public health service.

A pleasant experience came to Miss Minnerode of the U. S. Public Health Service when at a Pan-American conference she was able to suggest to members of the University of Santiago, Chile, seeking a lecturer on public health nursing and organizer of visiting nursing under the Department of Charities, a nurse endowed with the necessary gifts, Bessie P. Drennan. Immediately there came a similar request from Peru.

The most mysterious ancient civilization now surviving in the family of nations is that of China.

It is often said that all modern inventions and scientific discoveries were known and forgotten by ancient China.

Today a modern China is growing up, and is passing through the first stages

Countries where nursing systems are in the formative stage. China

of one of the most remarkable political revolutions the world has ever seen. Following on this is coming fast the new social-revolutionary changes, with an altered position of women and all that that implies.

We noted in an earlier chapter that there were no traces of nursing in ancient Chinese writings. This may have been due to the theory of demonology, which China had long held, or to the posi-

tion of women. Confucius taught that women were, indeed, human beings, but inferior to men, and his precepts inculcated the most complete submission of women to male control. Then, too, the belief in evil spirits as the cause of disease prevents the development of real nursing care, and condemns the sick to all sorts of painful and harrowing conditions, as found today by medical missionaries.

The various mission centres in China developed hospitals during the nineteenth century (Canton, the first, in 1835) and the teaching of nurses followed gradually. Nina D. Gage points out that women physicians first undertook the training of Chinese pupils. She mentions Dr. Combs, in Peking, in 1873. By the opening of the twentieth century there were many flourishing hospitals with nursing schools where Chinese students were becoming proficient in the art of skilled nursing. Nurses were represented on some of the important Committees of the China Medical Missionary Association. So many foreign nurses were busy in China in 1900-1910 that they formed "The Nurses' Association of China" and reported their proceedings in the *China Medical Journal*. Their aim was to define an acceptable professional standard, bring Chinese nurses into membership, and

work for a central unifying educational standard. The first time the name of a Chinese nurse appeared in the process of this professional striving was about 1910 when Mrs. Ts'en was listed as one of a registration committee of the nurses association.

The association grew in numbers and influence. In 1912 it prepared plans for the registration of its member schools and arranged an examination for Chinese student nurses. All schools of nursing in China, whether under missionary, government or private control, may be registered under the association if they can meet its requirements. In 1920 the nurses began publishing their quarterly journal. In their headquarters they translate text books into Chinese, and maintain a secretary who tours the country to keep in touch with schools of nursing. So large a series of activities is carried on that an ample new headquarters was planned for in 1924. The association is a member of the International Council of Nurses and of the Council on Health Education for China. After the revolution Dr. Yamei Kin, a highly cultured medical woman, was appointed to organize a national plan for hospitals and nursing under government direction, but political changes delayed much of this.

An interesting hospital was one conducted by Dr. Mary Stone, another Chinese physician. This was entirely staffed by women.

An advanced step was that of the College of Yale in China. The Hunan Yale School of Nursing, in connection with that college, has an excellent school on a four year basis, whose curriculum is well in advance of most of the schools of nursing in our own country. It is also prepared to train men and women in a six-year course combining academic with general and special professional training, and gives the B.S. or B.A. and the nursing diploma. The new nursing school connected with the Pekin Union Medical College is also a most professional institution of college grade, turning out men and women who will become leaders among their people. The first superintendent was Anna Wolf.

Every one who knows the Chinese loves them warmly. Their characters are strong and self-reliant and the women take naturally to the woman movement. The secretary in 1924, Cora E. Simpson, wrote: "During the past two years I have visited almost every hospital and all the training schools in China. . . . I am thrilled over the things I saw, and the way our schools have improved . . . the doors are wide open

for public health teaching everywhere . . . two young men walked 21 days over the mountains to get to the nearest place where they could study to be nurses and are going back to be Health Nurses to their people. . . . At one school the students gave up their summer vacation to help nurse cholera patients in an infected city. . . . Life in China is rich and full.”

The men nurses of China need a word. Women in China have not been permitted to nurse men, therefore nursing has been a recognized occupation for men. Beyond this, however, they have often displayed a devotion in their work that is unusual and touching, and which men in other nations have not shown, except among the Filipinos.

The experiment of allowing women to nurse men in two hospitals of China is an innovation of most recent date. For a long time though there must be room in China for all the nurses—both men and women who can be trained. As these words were written civil war menaced the progress of peaceful education and some of this promising work may be overthrown.

Modern nursing was first introduced into Japan (1885) through a little mission school in Kyoto, at the Doshisha hospital, by Linda Richards.

Five years she was there, and then the Japanese took the school over, and improved it, as Miss Richards herself said. After this for a long time the Japanese carried on their own nursing development. When the Red Cross was established in Japan, prominent members of the aristocracy organized a three year training for Sisters in the Red Cross Central Hospital in Tokio, taking their model chiefly from Germany, and a little nursing aristocracy was built up. During the war with Russia, Japan surprised the world by the excellence of her sanitary and medical preparation. At that time Japan claimed that only the Sisters with three years hospital training were entrusted with nursing service and that the volunteer aides were not placed at the bedside even in war time. This was a more advanced professional claim than other Red Cross societies were ready to make before our own country formed a Red Cross nursing reserve, but possibly it could not always have been adhered to.

To the nurses' congress in London, with its rarely splendid background, came Take Hagiwara, Head Sister at the Central Red Cross Hospital; and to Cologne, Sister Yamamoto from the same hospital and Mrs. Watatani, who was the superintendent of nurses in the Mitsui Charity Hospital.

As she told us of her work it seemed like that of our city hospitals, but it was a private charity built by a wealthy industrialist family.

As Japanese nurses could not form an independent national association because of the military character of the Red Cross and the general conditions affecting women's lives, they came as fraternal delegates to the congresses. From them we learned of the reverence in which Miss Nightingale was held. These nurses taught their pupils her life work by screen pictures. Later we heard that, when she died the nurses held memorial services for her departing spirit.

Among the several Japanese nurses who have come to study in America, Choko Suwo was one of the best known. More than one, Miss Suwo among them, came to the Henry Street Settlement and to Teachers College hoping to return to Japan and initiate public health nursing but the odds were too much against them. Marriage, too, ended some such plans. A marked difference in the customs of China and Japan is, that in the latter country women may nurse men. There has therefore not been a class of men nurses in Japan.

Many little private hospitals grew up where medical men or groups of persons trained so-called

nurses in the same poor way that other countries have done at certain stages. Such nurses were little more than servants, uneducated and oppressed.

Two universities set a better example. The Keio, by private funds, and the Imperial, state supported, had hospitals for their medical schools and they organized schools for nurses of a good standard. Pupils and head-nurses throughout are Japanese, but the medical men are in control.

A modern school quite on western lines is that of St. Luke's Hospital supported by the Episcopal Church Mission. Here (1924) the Director of the training school was a Canadian trained at the Hackensack Hospital, New York, Alice C. St. John. The head nurse of the clinical work was a Japanese, Iyo Araki, who was trained in Richmond, Virginia, at the Memorial Hospital. The purpose of this school is to send out trained women as organizers and teachers of nursing. The course of three years, based educationally on the completion of government high school, included six months probation. Development of public health nursing is a part of the general plan.

Features of the Japanese situation that retard progress are: the low standing given, on the whole, to the work of nursing; low educational qualifica-

tions for entrance; the much lower pay as compared with that for clerical services and the fact that training is still almost entirely controlled by doctors rather than by qualified modern nurses. But on the other hand there is encouragement because of the sympathy of many of the best medical men and the progress of the woman movement.

“The Japanese woman” (wrote Mrs. St. John) “is unselfish, loyal and devoted and when well trained makes an excellent nurse.”

The ancient medical learning of India and the beautiful hospitals of the Buddhists had long disappeared, when the first missionary **India** efforts were put forth to sound the almost hopeless depths of human suffering of the poor of India. The distorted medical and obstetrical practices were such that not only the poor, but even women among the rich, suffered terribly when sickness befell or childbirth occurred. Mission hospitals founded mission schools for native women and every foreign country had its groups of medical and nursing missionaries at work in India by the end of the last century. A national plan of great magnitude for bringing medical and nursing relief to the women of India (for the seclusion in which they were kept made them the

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greatest sufferers) was set in motion in 1885 by Lady Dufferin, wife of the Viceroy in that year. Its objects were to provide medical tuition for women; to train them as nurses, midwives, and hospital assistants; to provide medical relief under the direction of women, and to supply nurses and midwives for hospital wards and for private cases. This organization was developed widely by a system of co-operation with local governments, under which it received local funds as well as grants from the central government. It built and maintained many excellent hospitals and training schools. One of the most important of these is the Cama hospital, under the Bombay branch of the fund. Systematic training in nursing and midwifery was begun there in 1886. There are many model hospitals in India under the matronship of English nurses, and English women have had careers of high adventure in every line of nursing service. Remarkable narratives of pioneer work may be found in professional journals. One such title only we may give simply as a romantic example: "District Nursing in Jungle Villages," by Miss Campbell. But it is the teaching of Indian women that chiefly interests nurses. This has been carried on with increasing momentum since 1885, and in the

schools for nursing of the various medical mission centres it is said a higher standard may often be found than even in government hospitals. The customs of the country make it much more difficult even than in China to bring women of a good class out into hospital work, because of the prejudice against menial services, but with the encouragement of high school teachers and of the Indian Poona Seva Sedan Society, and the constant inspiration of foreign nurses, this vast social transformation goes steadily on.

In 1907, an Association of Nursing Superintendents of India was formed and this group organized a Trained Nurses Association for India. The native nurses are encouraged to become members, and they do, yet the chief weight of organization work is carried by the foreign women. One must hope that by degrees more Indian nurses will stand on committees and in lists of executive officers. The Nursing Journal of India was founded (1910) to promote the Association's aims, chief of which was of course a unified educational standard and registration. The pattern of government in India made this a difficult aim and the Journal said, in 1924, "it looks as if all hope of an All-India State Registration scheme for nurses must be abandoned for the present." The

only recourse was to the various presidencies and provinces. To them the nurses wrote "until it is possible to pass an All-India Act . . . it is desirable . . . that a uniform standard should be instituted in each Presidency and Province at the earliest possible date."

Midwifery training is a great need in India. Public Health nursing is another. The Indian Red Cross has, since 1921, organized a number of Child Welfare Centres.

The first trained nurse who went to work in Korea was Anna P. Jacobsen, a Norwegian, trained in the United States. The first **Korea** school for Korean nurses was opened in the Woman's Hospital School (1905). The Severance Hospital School was organized (1906) by Esther L. Shields, an American, whose devotion to her charge has been absolute and who, in 1924, was still at her post. Under her tutelage the Korean nurses have formed a National Association (1923). Many foreign nurses have served in Korea through the missions and Japanese nurses have also helped in Korean nursing. At a hospital in Seoul, under Japanese direction, Korean physicians, nurses and midwives are trained. A government examination is required in Korea. Absolutely frightful conditions in the

homes of the poor in Korea have been described by mission nurses on public health visits. The total absence of ordinary sanitation and the dense ignorance of the simplest hygiene, cause one to ask, "Can public health teaching begin without different housing, and in the absence of any sanitary works of a public kind? What, for instance, can be done about flies?" Yet only nurses and medical visitors can reveal the actual facts of primitive conditions as related to health. "The whole village turns out," wrote a nurse, "to see when the nurses visit, with equipment for bathing and scrubbing."

Quite different has been the course of this independent kingdom which, upon its own initiative, has sent its medical men abroad to study and its young women to be trained as nurses, then to return to teach their art at home. A model health centre was opened in Bangkok (1923) under Red Cross auspices. The nursing director appointed was Miss Xavier who had taken the Bedford College course in London for the international students of the League of Red Cross societies.

Siam

Soon after the American occupation the project of a school for native nurses was spoken of but with no results until in 1907, by the efforts of

Mrs. Jaime de Veyra, a progressive Filipino lady, and Mary E. Coleman, dean of women for the Philippine Normal School, a plan of teaching was set in practise. The pupils were supported by government and private scholarships, and for bedside training they went to three hospitals. This went very well for three years, each hospital finally organizing a school. A reorganization of nursing, and hospital service, carried out by Mabel McCalmont about 1910, included the training of young Filipino men as well as girls. At first strongly opposed, this became a surprising success. In the light of present conditions it is interesting to see in Miss McCalmont's contribution to a History of Nursing (Vol. IV) how well she perceived the needs of the people and the possibilities of inspiring well trained young nurses with the wider motive of disease prevention and public health service.

Her prophecies have been fulfilled. From 1922 to 1924 Alice Fitzgerald, as Councillor in Nursing to the Governor General, advised and guided nursing progress. One of the first important results from her work was the founding of a course for public health nurses. There were then fourteen schools for nursing, each connected either

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with a private, missionary, Catholic or government hospital. The Mohammedans have one, and, to encourage their young people to go to it, "pre-nursing scholarships" for high school are given, for one year of high school is required for entrance to the three-year nursing course. Even the Igorotes have their own little hospital and school. There is co-educational training throughout and the University offers post-graduate teaching in public health nursing.

A remarkable feature of this nursing community is the enthusiasm and genuine self-devotion of the young men. Like the men nurses in China, they seem to hunger for knowledge which they may carry back for the benefit of their people and touching stories may be heard of what they do. After graduation they go far into the interior, nursing, and teaching the principles of sanitation. As they can go where the girls cannot, the future health of the islanders really rests largely with these mission-spirited youths. The young women are equally keen, but we are more accustomed to find enthusiasm for nursing and health in women than in men. The young women who come to Teachers College are very bright, holding their own with other students and among those who are nurses many are active in public health nursing.

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The International Council of Nurses was formed in the summer of 1899 when a meeting of the International Council of Women in London brought together a group of nurses from many different countries. The executive of the Women's Council had entrusted to Mrs. Bedford Fenwick the task of forming a nursing programme in the section of professional women, and after these meetings were over it was she and Miss Isla Stewart who inspired the Matrons' Council of Great Britain and Ireland to move a resolution, proposing to nurses in all countries that they unite in a fraternal bond.

The International Council of Nurses thus brought into being had a very definite purpose, which has not always been sufficiently clearly grasped, and which its natural opponents have intentionally failed to acknowledge. Its purpose was to bring together, in international union, nurses who, in their home lands, had developed, or who were endeavouring to develop, *professional self-government*, and to strengthen and extend this principle of self-government by admitting to international membership only such national groups of nurses as had been founded upon that declared basis.

Following that purpose the International Council, at its inception, sought out in each country the group allied to it in purpose and spirit. It cared not at all how small numerically these groups might be. In other words, the International stood for emancipation.

Countries that had thus united before the war were Great Britain and Ireland; the United States; Canada; New Zealand; India; Denmark; Holland; Germany, and Finland. From a number of other countries came fraternal delegates. After 1899, when the first gathering took place in London, meetings were held in Buffalo, U. S. A. (1901), in Berlin, Germany (1904), in Paris (1907), in London (1909), and in Cologne, Germany (1912). After the war, an interim meeting, partly for business discussion and partly to draw together the severed threads, was held in Copenhagen, Denmark (1922) and a regular meeting with Congress was planned for 1925 in Helsingfors, Finland. At Copenhagen, national societies from China, Norway, South Africa, Belgium and Italy joined the international circle.

With the opening up of the whole world to the message of modern nursing and health care, with a resulting tide and flow of differing standards, methods, and claims, it will be important for this

body to hold fast to its cherished faith—self-direction in professional things—and then, that held, to co-operate in full measure with others, and to extend its influence and aims.

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CHAPTER X

EXTENSIONS OF THE MODERN NURSING FIELD

IN this chapter we shall consider some of the present tendencies in nursing development.

The three main branches of nursing are:

- I. Private Duty or the continuous care of one patient, usually in the family; II. Hospital Service; III. Visiting Nursing. Of these three the first is the oldest and the basic branch yet it was the latest to take on an organized professional form.
- Three main divisions of nursing.
Private duty

While it must have begun with the earliest family groups it was home care, unskilled, for ages. In all probability it continued to be a purely domestic art until well on in the early modern period. We do not know certainly whether the Béguines took private cases though they did visiting nursing among the poor. It is not evident that the first Sisters of Charity were sent to private patients but in the early part of the nineteenth century there were Catholic nursing sisterhoods founded

in, at least, France and Italy, whose members were occupied in private duty. Among these there were, in France, the order of *Sœurs de bon Secours*; and, in Italy, the Daughters of St. Anna. Pioneers in private duty in Rome were also the Anglican nursing Sisters, called the Little Company of Mary. We have mentioned in another place the first private nursing association in England, founded by Mrs. Fry.

In early days it was customary for young medical men or students to share private duty in wealthy families. While the Sister watched, the embryo physician was on hand to be called if needed. This custom gave rise to some of the opposition to modern training, as, with a skilled nurse in charge, the young men lost this practice and its fees. The Sisters of religious orders for private duty were of course not paid individually but the fees were given to their Motherhouse. This was the system followed by the first English and German training schools, and which still survived up to 1918, in the London hospital. It is easy to trace this heritage of convent organization, proper enough, where every Sister was assured of a maintenance for life, and care and support in illness, to its lingering survival in some modern hospitals, where its total incongruity

with the needs of self-supporting workers is plainly manifest.

The modern trained private-duty nurse is a hospital product and Florence Nightingale's handiwork, for though the Nightingale school itself did not train for private duty, its nursing missionaries did, and no one else has ever so perfectly defined the qualities of the private nurse as Miss Nightingale in her *Notes on Nursing*. To the private duty nurse is given the opportunity of being, if she will, the perfect, and the ideal nurse, both in her handiwork, and in her personal influence. Yet there are certain trials to character in private duty—the luxury of many patients' homes, the difficulty of keeping in touch with professional and social progress, the ease of falling into conservative, even narrow lines of thought. The economic aspect of private duty makes it also a difficult one from a public standpoint. The average family cannot easily meet the long continued expenses of illness, and medical men, philanthropists and practical commercial agencies have continually sought a second grade of nurse for private duty at smaller fees than the prevailing rate. Such efforts long stood forth as failures. The reasons were: the medical men did not keep their practical nurses to the kind of work they could have done; the

philanthropists expected one woman to do the work of "nurse, housewife, laundress, charwoman and a good mother"; the agencies had no professional standards and the attendants they provided were often ignorant and mercenary. Nurses have often debated these difficulties, and to meet them in part at least they developed hourly nursing and paid visiting nursing. This meets some needs very well but not all. Another way was that developed by the Red Cross nursing department in teaching home hygiene and the simpler methods of bedside care for the sick to members of the family. The immense extent of this instruction, especially during and after the war, both employed a large number of nurses as teachers and spread a knowledge of the elements of nursing care far and wide. But this also had its limitations. Better results in providing constant care for chronic cases, or those milder ones where a high degree of skill was not required, came when altruistic associations, co-operating with nurses and hospitals took in hand the training of attendants, nursing aides, or practical nurses as they are variously called. Some professional registries include reliable workers of this class who are certified and in several states they are now licensed.

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The commercial registry would soon die if the public and the physicians realized the constant striving of organized nurses to safeguard the patient in his choice of someone to care for him intelligently;—or, if there were much greater co-operative union on ethical and industrial principles among private duty nurses.

Specialization enters to a great extent in private nursing, and nurses with some special gift may do well to limit themselves to one class of cases, but the modern tendency is to carry specialization too far. This is true in medicine as well. Ethics place on the nurse the obligation not to refuse cases except for a genuine reason, but this is sometimes forgotten. Of all branches of nursing private duty has the most difficult, and in some respects the most unsatisfactory basis. Its weak points would justify a detailed inquiry on economic and professional lines in our own and in other countries. Closer organization is urgently needed for protection with insurance, sick benefits and like measures. Two sub-sections of private duty are hourly nursing, and office nursing, which means assisting a physician with his cases and combining with this sometimes a certain amount of laboratory or clerical work.

If modern private duty only were in question it

should be placed after hospital nursing in point of time. We place hospital service second in age because of the primal character of the home care of the sick from which private duty developed. Hospital care is probably much older than visiting nursing, for the visitation of the sick in ancient times can hardly be called nursing in the strict sense, whereas inns or hostels for the reception of sick persons are, as we have seen, of great antiquity.

In the early hospitals of the Christian era, the duties of nurses included a great deal of house-keeping and administrative work;—the care and management of kitchens, linen-rooms, drug-rooms, and other supply departments, as well as the actual cooking, scrubbing, laundry work, and other menial labour. The further organization of hospitals led to many fairly distinct departments, each with its special head. The knights-hospitallers introduced a military formalism, and placed experienced persons in administrative positions, where they were further trained by the military routine. The educational system was largely that of apprenticeship, a training through actual experience, the experience being graded and varied.

In religious orders novices were initiated and

individually taught and supervised by older nuns. Sometimes a special teacher and supervisor of novices was chosen. But there was probably little organized class teaching except in the form of religious instruction. The disciplinary side of training was strongly emphasized.

During the dark ages in nursing, administrative and teaching work for nurses almost died away, and they were kept largely to unskilled household work and had little or no training. With the incoming of the modern system they were once more trained for executive positions. Miss Nightingale insisted strongly on the importance of good housekeeping and management, and laid special emphasis on the need of teaching. As a consequence head nurses and assistants again began to fill many responsible posts in hospitals, and were expected not only to manage wards but to teach and supervise pupils. By degrees many of the former duties of the hospital nurse were turned over to other workers—ordinary housework to maids, cooking to cooks, and, still later, to trained dietitians, housekeeping to housekeepers, dispensing to pharmacists, and so on. Nurses still retained supervision over some of these things, and sometimes prepared themselves as dietitians, pharmacists, or housekeepers.

The modern trend toward specialization now shows a large variety of more or less distinct positions. These are administrative, educational, or technical in character, most of them a combination of the three.

**Work of
nurses in
modern
hospitals**

First, there are many graduate nurses engaged in regular ward work. Next, hospital management is especially prominent. Numerous hospitals all over the country, usually though, the smaller ones, have nurses as chief executives. Such work requires good business knowledge and executive ability. In many instances the direction of the training school for student nurses is also included in the duties of the hospital superintendent.

The administration of training schools constitutes in itself an educational problem of importance. There are, in the United

States, over sixteen hundred registered training schools attached to hospitals,

**Administra-
tion of train-
ing schools**

with a yearly average of between forty and fifty thousand students. The heads or principals of these schools direct all the educational work of these women, and are also responsible for the management of the nursing department in the hospital.

Practically all of these schools have one or more assistant superintendents—night superintendent,

and day assistants, as well as a fairly large staff of graduate nurses in charge of departments as head nurses or supervisors. The duties of all these workers are two-fold—executive and instructive.

The extension of classroom teaching, and especially the introduction of preparatory courses, made it necessary to assign certain staff nurses exclusively to teaching work. At first this was largely the teaching of practical nursing. Later the nurse-instructor took over the teaching of elementary sciences and some other subjects. Many schools now have two or more full-time instructors. In other instances visiting instructors, who live at home and divide their time between several neighbouring hospitals, are employed. Some hospitals are now appointing educational directors, who not only teach but are responsible for organizing and directing all teaching work.

Many nurses specialize in various forms of therapeutics, X-ray and electrical treatment, hydrotherapy, massage, etc. Others assist in bacteriological and pathological laboratories, and in the new field of laboratory work in the study of metabolism. There is, also, a tendency to give to the nurse

some of the hospital duties formerly assigned to the interne, as, the giving of anæsthetics, keeping of records, and other clinical ward work.

Nurses were pioneers in developing this branch of treatment. It arose first in hospitals for mental cases, and spread to those of other **Occupation therapy** types. Susan Tracy was one of the first to emphasize the need of occupation for patients, and she began to train nurses on such lines in the Adams Nervine Hospital, Jamaica Plains. Teachers in this specialty, called occupation aids, were used extensively in military hospitals during the late war, and the work is extending. Teachers of occupation are not necessarily nurses, but nurses may well, and sometimes do, specialize in this field.

We have seen that in early times hospitals received not only the sick, but all classes of dependents and the afflicted, and that a gradual process took place, separating **Special hospitals and related institutions** these varied classes. A high degree of specialization obtains today, as we shall see.

The earliest specializing separated different classes of the sick, as lepers, and sometimes the insane. Later the "fever hospital" became the forerunner of modern institutions for contagious diseases. So far has classification gone now that

we have besides the general hospital, for acute, non-infectious cases, special hospitals for each kind of contagious and infectious disease; for women; for children; for babies; for men; for chronic cases; for eye, ear, nose, and throat service; for skin and cancer patients; for obstetrical cases; for nervous and mental troubles; for orthopædics; for tuberculosis,—indeed the list might be even further extended.

There are also numerous related institutions,—for the aged; for foundlings; orphans; incurables; the dependent poor; colonies of various types, as for wayward girls, defectives, epileptics, etc.; convalescent homes; day nurseries, and preventoria. There are also institutions such as boarding school and college dormitories where the health of large numbers is cared for. In all of these the help of the nurse is sought, and for much of this work she requires a special preparation added to her general course.

These remained longest closed to the nurse, though England finally developed model hospitals in connection with her workhouses. **Prison and** Finland has trained nurses for her **workhouse** prisoners, thus doing better than bigger countries. English nurses, notably Beatrice Kent, have made eloquent public appeals on the **nursing**

need of nurses in prisons, and have gained an entrance into a women's prison, as noted in the story of England. In this country, while some prisons have separate infirmaries with trained nurses in charge, none, we believe, have admitted nurses on sanitary or health-conserving missions within the cell-blocks themselves.

These are usually connected with hospitals, but are sometimes established as separate institutions, to help patients who are able to remain at home yet need treatment and obser- **Dispensaries and clinics** vation. (Examples, the Boston Dispensary and the Vanderbilt Clinic in New York.) The origin of modern dispensaries may be found in a very familiar dispute between medical men and apothecaries in English seventeenth century history. Free treatment for the poor had not yet been organized professionally, and physicians complained that apothecaries prescribed and gave medicines. The apothecaries replied that the poor could not afford physicians' fees. The physicians met the economic necessity, and passed a formal resolution (1687) to give free treatment to the sick poor. As a distinct institution, however, the modern dispensary dates from the founding of the Royal Dispensary (1770) in connection with St. Bartholomew's hospital in London. Philadelphia had

its first dispensary in 1786. From that time on, extension was rapid. Nurses are now frequently connected with such service, the Ethical Society of New York having given the first example of this kind (1879) by employing a nurse to visit the homes of patients coming for advice to the dispensary supported by the society. The dispensary has greatly stimulated the orderly development of those new lines of organized activity known as hospital social service, and our most eminent example of what such service should be was set in the framework of the Massachusetts General Hospital dispensary (1905) by Dr. Richard Cabot and two nurses, Garnet Pelton, and Ida M. Cannon, who shared in the original conception and co-operated with him in its development.

Hospital social service marks the recognition given by hospital boards and directors to the newer ideas of health conservation. It means **Hospital social service** briefly, offering not only medical treatment to the patient, but extending aid, where needed, in the personal and family circumstances and relationships of the sick one, that the physical cure may not be retarded by anxiety or unhappiness. It has grown to a highly developed special field of service, employing medical men, nurses, trained social workers, and unpaid volunteers. It

is closely related to visiting nursing and to all the specialties of public health conservation, and links up the institutional care with the personal responsibilities of the outside world. Hospital social service in rudimentary form may doubtless be traced far, even if not continuously, in history. The early Christians, the Saracens, the Knights Hospitallers, the Dames de la Charité, all exemplified something of this social sense. Miss Nightingale in the Crimea gave its first and best modern example, in her organized system of caring for the economic and social needs of her patients. In our most recent times there seems little doubt that hospital social service grew up from the more or less haphazard efforts of nurses and doctors to follow up and help further those among their patients who made a special appeal. Every nurse remembers many such efforts, made to find out home conditions and relieve family distress.

We need not try to trace visiting nursing farther back than to the deaconesses of the early church. We know that from their day it has always been carried on to some extent by religious orders, and that in Miss Nightingale's time it was established as a definite branch of secular profes-
visiting nursing in the United States was carried

**Visiting
nursing**

on by the Women's Branch of the New York City Missions (1877). Some of the first graduate nurses from Bellevue entered this service in order to work in the tenements. Its scope was, however, limited to the congregations of the mission churches. Visiting nursing extended steadily during the succeeding years. This country did not create a nation-wide centralized visiting nurse association as did Great Britain and Canada, but developed local groups, formed independently of each other. The Boston Instructive Visiting Nursing Association and the Philadelphia Society were founded in 1888; the Chicago Association in 1890; the Henry Street Nurses' Settlement in 1893; the Baltimore Association in 1896. The first municipal visiting nursing service was established in Los Angeles, in 1898.

When the older and more conventional work of visiting nursing was united to the settlement idea
 Nurses' of living in and identifying one's self
 settlements with a neglected district, with the rounded purpose of applying all one's civic and personal, as well as professional gifts, to its service, a factor of immense importance was added to all the others striving toward a higher form of national life. This was the contribution to nursing history first made by Lillian D. Wald (1893), and

quickly followed by nurses in other sections of the country. In the nurses' settlements (New York, Richmond, Orange, San Francisco, etc.) a wealth of initiative was shown, a kind of originality in nursing research, so to speak, which became a recognized power of much value. In such groups the leaders have been able to attract financial support needed for their ventures, through the inspiring effect on the community of what they did and helped to do, and this gave them the freedom needed for following out new clues as they met them, and for instituting experiments on lines of prevention of illness. They were able to discard precedent, and to do things for the first time. This was especially true in New York, where Miss Wald's unusual personality and abilities attracted many gifted residents, both lay and professional, and made of the Henry Street Settlement a co-worker with all the best forces of the great city. It may fairly be said that nurses' settlements have had a definitely large share in freeing the nurse from the old "handmaid" status to that of originator and collaborator in many good works. It may also be fairly held that the settlement example of freedom to initiate, greatly strengthened the efforts of clear-sighted nurses in visiting nursing associations generally, to enlarge and broaden their

field. "Public health nursing" was Miss Wald's phrase in expressing her aims for community service.

Public health work is the most significant evolution of modern nursing, for it is in line with preventive medicine and sanitary science, and will share in the attainment of a better social order. It is in this evolution that we find the most striking tribute to Florence Nightingale's prophetic vision, for it was public health nursing that she urged upon a public, so far behind her that few, in her day, understood what she meant, and her favourite phrase, "Health Nursing" sounded to many like a contradiction in terms.

Public health nursing is, in the words of Elizabeth Fox "primarily family health work of an educational and preventive character but including restorative work." It should be carried out on a large and comprehensive plan for uplifting the general health level. Public health nursing work calls for the ability to teach, in a popular, simple and effective way, as well as to nurse. It may be carried on by voluntary groups or organizations, or by agencies of the government. Often, having begun under private initiative, public health work is taken over by the municipality, state, or nation,

and to bring this about has been aimed at by social workers for various types of public service,—the goal toward which they tried their experiments, and this in spite of the fact that, as organized at present, government is often bureaucratic and repressive in its methods. Free, flexible, independent groups in which the workers themselves have a share in direction, are needed as examples.

If, in looking back over the road by which nurses have advanced, we may feel a certain justifiable pride in noting that opportunities for service offered to them have never been underestimated or neglected by their organized group leaders, this just pride is especially stimulated by a survey of the army of public health nurses. Its policy was to co-operate with every other agency in the country having objects compatible with its own, and to build up a presentation of the public health nursing service as a public utility which should be extended to the entire people. The vision of the earliest settlement workers had always been the removal of the stigma of charity, and also of the danger of casualness, from useful and necessary public health work, by having it made a communal responsibility.

The first important extension of visiting nursing as a branch of public service, in which nurses

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themselves were prime movers, was the public school work. This was first informally undertaken **Public school** in an English town at the request of **nursing** a teacher, by Amy Hughes, then a Queen's Nurse, who became later the superintendent of the Queen Victoria's Jubilee Institute. Later, Honnor Morten, who had had a short period of hospital training and who was a member of the London County Council, was able to initiate public school nursing as a system, and Miss Wald, familiar with Miss Morten's achievement, persuaded Dr. Lederle, Commissioner of Health in New York City, to try the experiment for a month (1902), the Henry Street Settlement contributing the nurse and her salary during the time. The success of the experiment, and how greatly this was due to the tact and skill of Lina Rogers, who was selected to make it, are well known. The New York Board of Health then appointed twenty-five nurses, a number since then greatly enlarged, and public school nursing was firmly grounded.

The Philadelphia Visiting Nurse Society next repeated the experiment in the Philadelphia public schools, and so the movement has spread from city to city and state to state. Public school nurses are now sometimes appointed by the board of education, sometimes by the board of health.

The best results follow when the nurse and the medical inspector work together in the schools. But it has been clearly demonstrated that medical inspection alone brings no results. It is much better to begin with the nurse alone, if funds, or boldness, or both, are lacking among officials, for the nurse will soon bring the patients and the physician together.

The immense importance of public school nursing and its far-reaching possibilities impressed themselves fairly deeply in the popular mind. It became a widespread system and a permanent field of work. As the consciousness deepened of the significance of public health and the basic character of child conservation it became continually more highly developed.

Dental clinics for the care of neglected children's teeth were an early extension of school work. The teaching of oral hygiene by the school nurse followed and became general. In recent years nutrition and posture have received attentive study.

Altered methods of dealing with infections and contagions came on fast. At first every slight infectious case was sent out of school; **Care of**
then the nurses treated such cases in the **Contagions**
schools. At first visiting nurses and school nurses

were forbidden to give bedside care in contagious disease. But with a perfected technique this was changed. The New York City Board of Health in 1902 first employed visiting nurses to go into the homes for nursing care in scarlet fever and other contagious diseases. Other places followed this example. So thoroughly have the details of a careful technique been worked out that it is now (1924) considered possible even for a visiting nurse with a general set of cases, to nurse patients with contagious diseases without fear of carrying infection to others.

In this connection it may be added that American municipalities are far behind those of some foreign countries, notably Great Britain and the Scandinavian nations, in provision for hospital care for contagious cases.

As the public school medical inspection and nursing were more thoroughly carried out, the child of pre-school age became the focus of attention and study. There is now an ever-increasing literature for nurses to become familiar with on the problems of the pre-school child.

This now world-wide crusade, first advocated in Germany in 1899, received great impetus in this country from the publication of Dr. S. A.

Knopf's prize essay, *Tuberculosis a Disease of the Masses*. There had been various isolated efforts made against tuberculosis. The first regular visitation of such cases had been carried on in Baltimore (1899) by two women medical students under Dr. Osler's direction. Their work was taken over by nurses and regularly organized in 1903. In 1902-3, the Charity Organization Society of New York City brought together all scattered groups into a national body, now called the American Tuberculosis Association. This committee employed a nurse, and a little later the Vanderbilt Clinic followed this example. The New York City Health Department appointed three visiting nurses for its tuberculosis work in 1903. By 1906 nine cities were employing thirty-four nurses for this service. From such small beginnings did the present vast extension of the nursing field in regard to tuberculosis prevention arise.

It has often been said that the value of the nurse as a teacher of hygiene and sanitation was first recognized and used systematically by the leaders of the anti-tuberculosis crusade. This movement relied mainly on popular instruction, publicity, and the community spirit to accomplish its purpose.

The crusade
against
tuberculosis

Public
recognition
of the nurse
as a teacher

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So much close individual teaching was needed, the whole mass of tuberculosis was so much greater than had been known, and the personal difficulties were so great, that the help of nurses was quickly found to be indispensable. The anti-tuberculosis movement emphasized instruction, and rightly so. Its vast proportions, however, made it too often impossible for the nurse to do anything *except* instruct. A danger lay here, which the visiting nurse proper—she who observed as closely as possible the standards of the best private duty nursing care in her handwork with the sick—deplored, but it remained in the structure of much of the work with tuberculosis. Teaching, alone, has not the same magnetic power as *teaching* and *doing*, when effectively combined. “The word that sticks is the word that follows work” said Florence Nightingale.

In many other countries, nurses are as extensively employed in the prevention of tuberculosis as in our own, and many surpass us in the maintenance of sanatoria and preventoria. Denmark had the very best world-record in 1924 for a reduced death-rate from tuberculosis and for excellence of preventive measures, including teaching by visiting nurses.

A factor in public health preservation which has

been long regarded as highly important in other countries, is one that remained obscure, even taboo, in this country, until it was taken up for study by the New York Committee for the Prevention of Blindness and an inquiry into conditions made under their auspices by a nurse, Elizabeth Crowell. This is the practice of midwifery, of which it seems important to give a brief historical outline.

Midwifery a neglected branch of public health

It is unnecessary to point out the extreme antiquity of midwifery. It is probably not as old as nursing, for the first mothers doubtless delivered themselves, as Indian women sometimes have done. But from remote ages it had been solely the province of women. Midwifery was not originally a part of medicine, nor of nursing, but held a place of its own, distinct and clear cut, while midwives had always been a distinct class. Classic allusions and legendary history attribute superior skill and a distinction of caste to midwives. Their position doubtless rose and fell with the general position of women, as that of nurses did. However notable they may have been among the Norsemen and Druids, or in the India of Buddha, it is only too well known to mission workers that the most dreadful ignorance and superstition now control this fundamental service to motherhood in

countries that have fallen behind in enlightenment, or that have retained the old belief in demoniacal possession.

On the European continent, midwifery was recognized as a distinct and important art, before modern skilled nursing was thought of. The midwife was in almost universal employ for normal cases, the medical man being called only in emergencies. The large clinics and universities of mid-Europe and of the Scandinavian countries gave thorough instruction to midwives at a comparatively early time, and recognized the importance of their work. It was perhaps in the last-named nations that they came to hold the most dignified position. So honourable there was the calling, that the women who entered it were comparable with modern medical women in social status and culture. In southern Europe, though technically well-taught, the social class was different, and the type often hard, and even of questionable morale. Teaching and research remained chiefly in men's hands, and as the medical profession advanced there was a growing tendency, especially in Anglo-Saxon countries, to take obstetrics over from the midwives. The result of this tendency was a growing degradation of midwifery, which was strongly resisted by a group of keenly intelligent

and educated Englishwomen, in the last quarter of the nineteenth century. They were trained midwives who had taken university courses in other countries. They believed in their work and held it high. To place it where they wanted it to be, these women carried on a most courageous and determined contest for a number of years, finally winning their goal in securing Parliamentary recognition, a Central Midwives Board and an educational standard.

Some of the English dominions meantime had developed midwifery without hindrance, and it was quite customary for nurses to take this special course as post-graduate work, especially if they wished to enter visiting nursing, for in lonely, distant homes it was all-important for the nurse to possess such ability. This was especially provided for in New Zealand, where four state maternity hospitals established a model course, six months for graduate nurses, and twelve for other candidates. In Great Britain, too, visiting nurses felt this need, and it is now quite usual for Queen's nurses to hold a midwifery certificate.

The United States and Canada did not follow this example. Obstetrics became a medical specialty, and no provision was made for teaching or supervising the midwife. But, with the influx

of foreign-born people, she appeared. She was, indeed, indispensable, for the Italian women and others preferred to be attended in child-birth by women.

Neglected and ignored, the foreign-born midwife fell low in the social, and still lower in the professional scale. It was found at that time that, while often skilful, she was seldom clean, and was frequently immoral, and sold her knowledge to produce abortion. As a result of that inquiry a school for the training of midwives was opened in connection with Bellevue Hospital. Its course and methods of teaching were planned by Miss Noyes, then head of the nursing in Bellevue and Allied hospitals. It is considered very good indeed, and in the opinion of many leading women such courses should be open to nurses, and public health nurses, especially those who prepare to work in lonely rural districts, should take the training as is done in Great Britain and her Dominions.

A world-wide revolt against prostitution and its accompaniment of venereal disease has been

**Campaign
against
venereal
disease** slowly gathering momentum for more than a half century. An organized and intense crusade against that "regulation" of vice known as the "Continental system," began with the consecration of

Josephine Butler (1828-1906) and her co-workers to this task, in the 'sixties. We have only space here to impress our readers with the importance of reading fully the history of that crusade. It is a thrilling and incredible story. Realizing the strength of the "conspiracy of silence" which supported the most absolute taboo known in history, namely, that based upon the double standard of morals, we must revere Josephine Butler with a special reverence. Of all the women of the Victorian age who dared public obloquy by moral fearlessness in attacking wrong, she was the greatest, for the evil she attacked was the most formidable.

There had been enlightened minorities in the medical profession to take a firm stand against the double standard, and a group of such men had urged Mrs. Butler to lead a revolt, for they realized that it must be made a popular one, and especially a women's revolt. Medical men of this fine calibre formed societies in different countries, in which the laity were included, to popularize knowledge on sex questions and to disseminate correct information. In this country Dr. Prince Morrow led the movement. By the beginning of the present century the whole question had been freed from the taboo and brought out into the open. Trained nurses took some share in this discussion.

In 1909, at national and international meetings, their experiences and contacts with the dark subject were related. The fact was then brought out that most hospitals had been giving their nurses no instruction in venereal disease—indeed, that the very existence of these ills was often concealed. The taboo had worked even in hospitals. A strong demand was then made for adequate instruction on these lines.

For several years before the war popular interest in the social evil had flagged somewhat, but it was revived by the rude shock given by the war to all fundamental questions of life and health. In cities two tendencies had been co-existing—the determination of evil or ignorant powers to attain some system of “regulation” and of enlightened citizens to combat this by a knowledge of the truth. Both tendencies entered into the army life. Nurses met both, and knew their results. After the war, a nation-wide campaign against venereal disease was planned under the direction of the Surgeon-General of the Public Health Service. The modes of attack were to be similar to those used against tuberculosis: state districts, central free clinics, free early treatment, individual teaching, visiting nursing, and popular education. With the close of war, preparations were at once made to

equip nurses for this service. Great Britain took similar steps. There the National Council for Combating Venereal Disease approached hospitals in 1918 to urge the importance of giving nurses careful instruction, and offered to supply lectures and outlines of study where needed. Syllabi of lecture courses were supplied to every English hospital, and many responded by promising to instruct their pupil nurses in this special subject.

The same request was made to training schools in America by the Social Hygiene Association, and lectures were given under its general auspices. The first attempt to prepare nurses especially for social service work in Venereal Disease Clinics was undertaken in the summer of 1919, at the request of the United States Public Health Service, by the Department of Nursing and Health at Teachers College in co-operation with Bellevue hospital. After a theoretical and practical course of four months, the United States Public Health Service gave its special certificate to a group of seventeen nurses. The advance of this preventive service is shown in Miss Gardner's book.

Historically the suppression of state regulated houses of prostitution by Russia and Germany after the war was a major event.

The growing knowledge of mental hygiene and its increasing importance as a subject of advanced study for nurses may be mentioned as one of the most recent of all the new lines of public health work, and, as it was preceded by a stage of active reform in special hospitals, it may best be made clear after a brief historical survey of the management of insanity. No patients have suffered more from superstitious beliefs than the insane. Yet some ancient nations shine brightly as compared with more modern ones in their treatment of insanity. Egypt and Greece recognized it as a form of disease, and Egyptian priest-physicians used music, recreation, occupation and beauty in nature and art to cure it. Greek physicians followed these methods and used no restraint. Hypnotism was also understood and practised in the treatment of these cases. The Middle Ages brought a revival of the belief in demoniacal possession, and torture and the most cruel punishments were applied in cases of acute mania. Many saints were supposed to have power to exorcise the evil spirits of the insane. They probably were humanitarians who treated those misunderstood patients kindly. Such saints had a shrine at Gheel in Belgium where, from the seventh century on, the insane were taken, and

**Mental
hygiene and
nursing**

from it the well-known village colony grew up, cases of epilepsy and other abnormal forms of mentality being domiciled with, and humanely treated by the villagers. When witches came in fashion, they were supposed to cause insanity. As the modern age drew near, the insane were kept in prisons with ordinary criminals but were gradually separated from the latter.

Our word "Bedlam" arose from the name Bethlehem Royal Hospital in England, which was, in the Middle Ages, a priory, where, from about the year 1400 on, the insane were received. With the expulsion of the monks, the civil powers inherited the hospital and its inmates. As late as 1815, these unfortunates were treated with actual cruelty, and the populace was wont to go to watch and laugh at them as if they had been animals in cages. Even by 1840 chains and irons were in use in many places in England, Germany and America, and there was no widespread general progress until 1850.

The earliest modern reformers were French and English. In 1725 St. André, a French physician, wrote a book in which he contended that the theory of demoniacal possession was itself a lunacy. In 1768 this was confirmed by resolution in the French Parliament. In England, John Locke made a

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similar declaration. In 1796 two important events occurred. In England, William Tuke, a Friend, founded a quiet country retreat for the insane, where he proved the possibility of caring for them by humane methods without forcible restraint. In France, Dr. Philippe Pinel, a physician in charge of La Salpêtrière, who had advocated the application to the insane of the Revolution's principles of liberty, struck off the chains and manacles from their limbs, as shown by an interesting painting in the hospital. This was the beginning of the scientific era. France later paid high honours to Pinel, but England has given Tuke no memorial, though his work led to important changes in legislation. His son, Samuel Tuke, also visited asylums and tried through his writings to stir up interest in the care of the insane poor.

The remarkable investigations of Dorothea Dix brought about a reformation in this country, and gave rise to our system of state hospitals. Miss Dix began inspecting the places where the insane were housed, in Massachusetts, in 1841. The result of her report on what she found was the immediate extension of state care for the insane in that state. She then carried on similar investigations elsewhere, during twenty years' time, visiting every state in the Union, and carrying her

appeals to every legislature. The policy of applying the principle of taxation for the erection and maintenance of state hospitals was hers, and she saw it first accepted in 1845 in New Jersey.

There was no training for nurses, or attendants, in asylums or hospitals for the insane, until Dr. Edward Cowles, at the head of the McLean Asylum in Massachusetts, established a definite course on educational lines, which, beginning in 1879, was well organized by 1882. Other hospitals followed his example. Trained nurses were, from the first, associated with this work, and Linda Richards (America's first trained nurse as she has been called) devoted herself for some years to training-school organization of this form, going from one hospital to another to reconstruct. Sara E. Parsons, a younger woman, did similar work, laying the foundations in one place and then going to another. Little is known of the very first nurse workers in this field, whose insight penetrated beyond their day. Although the general standard of nursing care for the mental case was, as a rule, below that required in most general hospitals it was also true that there was usually a profound ignorance of mental nursing among nurses trained in general hospitals. Efforts were made to bring about affiliations between

mental and general hospitals, with the object of improving the nursing care of both types of patients, and of arousing among nurses a keener interest in the development of mental nursing.

Modern preventive work in mental disorders began with the study of psychology, and the "heresies"—Christian Science, New Thought and similar cults—may have stimulated this trend. French studies and others in hypnotism promoted the opening of clinics for the detection and aid of incipient cases. In Connecticut a Mental Hygiene Committee was formed in 1908. The Psycopathic Hospital in Boston was opened in 1912, the Psychiatric Clinic in Baltimore in 1913. As medical science approached closer to the secrets of cell life an ever widening field of applied knowledge opened before nurses, and in public health nursing this was immediately utilized in the work with children of pre-school or early school age. The division of mental hygiene in the Department of Mental Diseases of Massachusetts, and the Community Health Association of Boston opened "habit clinics" for children of pre-school age. (See Children's Bureau publications, No. 135.) The complication of obscure sex problems with imperfect mental health makes this line of study a very difficult one, and the nurse who works in rural

school districts and remote lonely places will need all the knowledge she can absorb.

Further complications of mental ill-health are the use of alcohol and habit forming drugs. Nurses as well as medical men have a responsibility and opportunity here, to know and understand. It is interesting to remember that a nurse, Ellen La Motte, has made serious study and written carefully documented books and articles on the opium trade. Her writings are often referred to by publicists.

The entrance of the nurse into the field called "Industrial Nursing" was a gradual one. The hazards and abnormal health conditions in many shops, factories, and other fields of industrial labour have given rise to the enactment of new legislation demanding, for its effective application, medical supervision, sanitary inspection, and nursing aid. This opens a vast new field requiring special training. The first nurses in this special work were Ada M. Stewart (1895) and Anna B. Duncan (1897). The first was engaged by an employer; the second by employees. In this sphere the nurse watched the employees (at first, usually, girls or women, but now men as well), taught them personal hygiene, advised them how to choose nutritious foods, car-

**The nurse
in industry**

ried out First Aid procedure, and visited them in their homes when ill. By such work preventible illness was reduced to a very creditable minimum.

In 1909 the Metropolitan Life Insurance Company, acting on a suggestion made by Lillian Wald to Dr. Lee Frankel, co-operated with the Henry Street settlement in employing nurses to visit its policy holders who were wage-earners. This kind of service later grew to nation-wide proportions, and, in a study of one million policy holders, it was estimated that the work of the nurses had, in five years' time, reduced the mortality by 12.08 per cent.

Nurses have now been called into many parts of the world of industry,—chiefly, however, as yet, into those parts which were already the more favoured or intelligently conducted. Fundamental industrial hygiene must aim at the removal of all children from gainful employment (this is closely connected with public school nursing work), the elimination from all industries of overwork and overstrain, which are the root-causes of many illnesses (as shown in Josephine Goldmark's study of overwork and fatigue), health conservation for the youth of both sexes, and protection against industrial poisons for all workers.

In the Scandinavian nations nurses are much

employed in supervising work in connection with the advanced social legislation of their countries.

In our own, efforts to meet the demands for wider equipment on such lines were being made by 1910 in nurses' settlements and visiting nurse groups. In 1919 the first organized courses for nurses wishing to fit themselves for industrial work were launched in connection with Harvard University and Teachers College.

In the work of teaching and helping the children in schools for the blind throughout the country, philanthropists came to realize that many of the children need not have been blind, had they been properly cared for at birth, and out of this realization grew the now nation-wide campaign against preventible blindness. The American Medical Association had had, from 1906, a committee on Ophthalmia Neonatorum (now the committee on Conservation of Vision). Its chairman was Dr. F. Park Lewis, who appealed for the aid of the general public in working toward the extirpation of that preventible infection. His appeal was heard by the New York State Committee for the Prevention of Blindness, which, financed by a special grant from the Russell Sage Foundation, had been organized and had opened its campaign in 1908.

The prevention of blindness

This committee had as its prime mover and first chairman Louisa Lee Schuyler, whose share in creating the Bellevue training school for nurses had been so important, and who now conceived the idea of the lay movement for safeguarding eyesight. Its first secretary was a trained nurse of enterprise and ability, Carolyn Van Blarcom. Through various stages of growth a union of the lay and medical forces was brought about finally, in the National Committee for the Prevention of Blindness (1915), while the original New York State Committee continued as a state branch. Through the work of this committee it has been shown that fifty per cent. of all existing blindness might have been prevented, and all the possible lines of prevention have been vigorously urged, and popular support sought by the most effective methods of publicity. At the outset is the care given to the eyes of the new-born. This brings inquiry into the laws covering the registration of births, the reporting of sore eyes to the health department, the asepsis of medical men, midwives, and nurses, and the use or non-use of prophylactics. It was found that in no state did all the necessary preventive legislation exist. The New York Committee planned and organized the Bellevue school for midwives, already mentioned,

and did much to bring about a standard technique for the care of the eyes at birth. In later childhood, and again in industrial life, certain preventible dangers to eyesight are to be guarded against, in all of which the watchful care of the nurse must be enlisted. Thus it is seen that the lines of blindness-prevention are closely linked with baby welfare, public school nursing, and industrial service, and these again, with legislative enactments, and the prevalent degree of popular knowledge or ignorance.

Progressive New Zealand first attracted the world-wide attention of social workers and medical hygienists to a notable achievement in life conservation, by cutting the infant death-rate of a large city exactly in half in five years' time. This little country, sometimes called a laboratory for social experimentation, the first to enfranchise women, and give nurses responsible posts with full state recognition, had long had, in the structure of its State Department of Health a chain of government maternity hospitals (where midwives and nurses were specially trained); registration of nurses and midwives, registration of births, government supervision of all children's homes, and a trained nurse as assistant inspector of hospitals. The infant-saving

**The conser-
vation of
child life**

work of the government was later on re-enforced by voluntary women's groups with advisory councils of men,—the Society for the Health of Women and Children, with which the well-known name of Dr. Truby King was associated. Governor-General and Lady Plunket started a fund for a special nursing service called the "Plunket nurses." Beginning with pre-natal care these specialists go with mother and baby through the time of infancy.

In the United States the first organized child welfare work directed toward the reduction of infant mortality was the work of the Baby Health Stations. With the realization that 40% of infant mortality occurred within the first month of life, and was due to causes existent before birth, came the beginning of pre-natal nursing as part of a programme for adequate maternity protection.

Pre-natal nursing was next generally developed throughout the country by certain isolated hospitals for their maternity clinic patients; by Visiting Nurse Associations, and by Maternity Centre Associations, formed for the distinct purpose of teaching all the members of the community the value of and need for medical and nursing supervision for every pregnant mother, and of insuring for the mother the minimum of mental and physical discomfort through pregnancy, and the maxi-

mun of physical fitness at its termination, with the reward of a truly well baby. This first consistent effort toward pre-natal prevention was introduced by the New York Association for Improving the Condition of the Poor in 1907, through its group of Visiting Nurses. In 1908 the pediatric department of the New York Outdoor Medical Clinic undertook pre-natal supervision and instruction of women applying at the obstetrical department. In 1909, the Committee on Infant Social Service of the Women's Municipal League of Boston organized an experiment along similar lines. The work was taken up by the New York Milk Committee in 1911, by the Pregnancy Clinic of the Boston Lying-In Hospital in 1912, and a number of other organizations have done similar work.

All our American work on such lines now has a central source of stimulus and information in the Children's Bureau, established by Act of Congress in the Department of Commerce and Labour (1912). In its publications nurses may find the whole history of child-saving efforts before and up to its inception, and the most complete information for those undertaking constructive work in child care, with records of every current advance, and reports of its own investigations. Since the passage of the Sheppard-Towner act the Bureau

has co-operated with the states in the prevention of maternal and infant mortality and morbidity.

The whole cycle of child care has been stated as follows, each phase requiring the knowledge of a specialist. "Pre-natal care; the new baby; the infant; the pre-school child; the school child; the working child." It must be hoped that the last phase will soon disappear.

All countries are engaged more or less in child-culture. England has her Children's Charter and Germany a model of legislation for the child, prepared by women members of the Reichstag. This in practice was delayed by the tragic conditions of German life following the war and the peace that resembled war.

As a demonstration of child culture on the most advanced and perfected model, certain Russian experimentation leads all the rest in idealism aiming at the complete and equal development of the mental and the physical life of the young.

This subject, though still highly controversial and outside the nurse's field of practical work, is one on which she should inform herself by reading the material on both sides. The case in the affirmative is making converts among political economists and liberal thinkers on social conditions.

Birth control

For a long time Holland has allowed physicians to give information and instruction in contraception to parents who seek advice and there are special clinics for the poor. This was largely the work of a veteran feminist and physician, Dr. Aletta Jacobs.

It may be that in time, the nursing profession may take pride in knowing that the pioneer agitator on this subject in our own country was a nurse, Margaret Sanger. To break down the taboo was her work and for this she endured persecution and even imprisonment. As a social question, and as a health question this subject will become more and more one to be considered, not suppressed.

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CHAPTER XI

AFTER THE WAR

NURSING during the world war, so far as our country is concerned, is described in the official history of the American Red Cross Nursing Service. There all the details may be found in great fullness and written with an authority which others could not hope to possess. Except for the purpose of such authentic record, dipping into the ghastly story seems needless. The horrors, the heroism, the pathos of war have been often enough dwelt upon. It is time to consider the stupidity, the senselessness of war. Nurses especially should divest themselves of every remaining shred of the sentimental or fatalistic attitude towards war, suggesting, as it does, the survival of an ancient idolatry. War is the exact antithesis of everything that nurses are taught under principles of prevention, and health conservation. It seems indeed absurd to talk about prevention and yet accept the idea of an organized war system as a legalized institution in

human society. And as the world is now turning away from the superstition that war is inevitable just as it has abandoned the idea that typhoid fever must always happen, we may hope that war will in time be so obsolete that it will no longer be interesting to write about it.

There were after effects and events growing out of the war and currents set in motion by it that will be continuous and will have an influence on nursing history. Many think that the one encouraging lesson of the war was the exhibition of co-operation on a vast scale that took place. It was not only national but international, and reached into every department of life. This co-operation touches closely the work of nurses and we must try to follow it along that line.

Another spectacular exhibit staged by the war was the instantaneous onrushing of the woman movement. Nor did it cease with the war but kept up its momentum. This also must have a profound though indirect effect on the future of nursing.

Closely affecting the future of nursing development was the stimulus given to medical science by the revival and migration of diseases. While it was true that typhoid fever and intestinal disorders were kept down by firm and sure methods of

prevention, an oriental plague, conveniently called influenza, spread from its home somewhere in Asia; typhus fever, which a generation of nurses had never seen, was epidemic in many countries; tuberculosis increased and mass starvation ruined the health of thousands of children. These things urged relief societies to special efforts. The nervous energy generated by the strain of war impelled continuous action afterward, and there was, as all remember, a belief founded on hope, that a new order was ready for the builders.

The most unusual and romantic chapters in the Red Cross history are those on Nursing Relief to Civilian Populations, and International Nursing Education. They relate a series of events and undertakings almost incredible. Some of them, perhaps, were too impetuously begun and carried on, others, perhaps, were too suddenly given over to different hands. But many must have lasting results. We can only speak here of the new grouping that came under the Red Cross flag.

After the war a committee of Red Cross societies summoned the Cannes Conference (April, 1919). Great Britain, the United States, France, and Italy were represented for nursing. The subjects con- sidered were: the prevention of tuberculosis; of

The League
of Red Cross
Societies

venereal disease; of malaria; the promotion of child welfare; nursing. The League of Red Cross societies was then framed to work for these purposes. This was a striking turn for the Red Cross to take. It may have been even epochal, for it set up a rival to Moloch. Certain it is that as people work more purposefully for life, the less willing they will be to serve death. The League agreed to include a Nursing Department to act as a centre for information on nursing in all its aspects; to carry the message of trained nursing and public health into undeveloped regions; to assist in sending desirable candidates to be trained; to arrange for nursing conferences. Alice Fitzgerald, a Johns Hopkins nurse, with extensive knowledge of foreign countries and language, was made first chief of the Department. From every country came appeals for public health nursing and related social work, teaching and instructors. Her proposal that the League try to meet these demands by providing a central place where the best available nurses from various countries could be instructed in public health nursing was acceded to and, in London, at King's College (1920), Miss Fitzgerald succeeded in placing a group of nurses to prepare themselves as public health "missioners." Two years later, the course was transferred from King's

to Bedford College. Both are connected with the University of London.

While sympathising with the popular appeal for public health work, the nurses of the League realized the basic need of thorough general training, and they induced the General Council (1922) to recommend the encouragement of training school organization on sound lines in every country where such did not already exist.

As time went on, problems became more complex and a Nursing Advisory Board was formed (1923).

Its members were:

Sophie Mannerheim, Finland (Matron, Surgical Hospital, Helsingfors)

Elizabeth Fox, The United States (Director, American Red Cross, Public Health Nursing Service)

Alicia Lloyd Still, England (Matron-in-Chief, St. Thomas's Hospital)

Charlotte Munck, Denmark (Matron, Bispebjerg Hospital)

Louise d'Ursel, Belgium (President of the Belgian Federation of Nurses' Associations).

Before this, Miss Fitzgerald had returned to the United States and Katherine Olmsted had been appointed Director. The Nursing Advisory Board

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urged by resolution, a program which is here condensed into a few words. Some leading points were: That public health nursing should be earnestly fostered; the importance of the nurse to such work should be emphasized and every effort made to improve the social, economic and educational status of the nurse; that educated women should be attracted to enter the profession. As a guide in establishing schools for nurses on a good model the advisory board drew up a plan and curriculum. Red Cross Societies should recognize the value of nursing organizations and work with them to promote the best ideals; in the future all short course volunteers should be called members of Voluntary Aid Detachments, to serve under enrolled Red Cross Nurses; hereafter only such women as had gone through schools of nursing where women of the highest education were received and giving not less than three years, should be designated as Red Cross nurses. The Board then gave numerous recommendations for putting these ideas into action and as they were practical and definite, they should be familiar to nurses expecting to work with the League in any country. They may all be found in pamphlet form at League headquarters. The Board made two recommendations directly touching the International Council of Nurses.

(1) that the Council, "engaged in maintaining nursing standards and advancing the interests of the nursing profession" and the League—"engaged in developing nursing services" should be in close contact. (2) That the League before distributing information on professional nursing organizations should submit it to the secretary of the International Council for confirmation, and that the League should not try to form "new National professional organizations which could not be affiliated with the International, "but that in countries where nursing organization was new, advisory councils to help it might be formed of lay persons.

Into the Board's extensive and excellent work in presenting a program for public health nursing in theory and practice we cannot go, but the two themes relating to the International Council may be profitably enlarged here, for there is a principle involved which many younger nurses do not clearly perceive. The International, in its maintenance of nursing standards and support of professional interests, stands on the principle that these aims are best attained by nursing associations—entirely self-governed—that is in which the voting power is wholly in nurses' hands. Every

Relation of
the League
to the Inter-
national
Council of
Nurses

profession stands on this principle. Medical men do not confer voting membership on laymen. Even lay societies having one leading purpose follow this rule. Societies of botanists do not give votes to engineers or vice-versa. This principle is only called narrow when women apply it to their own conditions in the general feminist advance. It is never called narrow when physicians or botanists apply it to themselves. It is, as a matter of fact, the only way to steer a straight course. To give up this principle means having one's aim lost in criss-cross purposes.

Red Cross organization is based upon voluntary service which in times of crisis must be as nearly universal as possible. This necessarily involves indefinite standards and lay control. It is the opposite of a professional organization. Each system has merit, but they clash. They can only be brought into harmony by intelligent co-operation. Any attempt to merge or to obliterate distinctions produces discord. With the probable development on an extended scale of League health and nursing work, it is important that nurses should maintain their professional independence. With full appreciation of the altruistic services of the Red Cross there is a widely held nursing opinion that as a finality, the Red Cross

should not train nurses. To do so brings an irresistible tendency to control educational evolution. The volunteer tries to direct the life forms of the professional. The results are indicated in our sketches of different countries.

The best results are gained when the two bodies contract together on a basis of two independent but mutually helpful groups. This is shown in the United States, Canada, Great Britain and Denmark. Nevertheless, if countries are backward and the Red Cross undertakes to train for nursing and public health service where no one else is able or ready, it deserves gratitude and recognition for its pioneer spirit. As soon as possible, though, nurses should form their own independent societies. Red Cross control has been a phase of nursing evolution arising from the motive of war service. In our life of today this feudal idea should be exchanged for the modern one of co-operation on the plane of equality, and of nursing schools organized under professional direction. Organizations for public health nursing must of course have a mixed membership. For this the American group is a good pattern.

Another result of the war was the movement to secure military rank for nurses—not from motives of caste but to ensure a better discipline in wards.

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Canada had given her army nurses the relative rank of lieutenant in 1904-6, as a result of experiences in the Boer War. This had been done, not at the request of nurses but by the decision of the Director General of the Medical service. The nurses were called "Sister" as before. Great Britain's official status for army nurses was older but was not actual rank. The Matrons, Sisters and staff nurses had authority in and about military hospitals next after the officers and were at all times to be obeyed accordingly. Australian nurses worked for a year under British regulations, but with hindrances. In 1916 they were given relative rank. New Zealand nurses had, in army orders, the rank of officers but they were given no insignia to wear. This made difficulties for them. American army nurses found themselves in an anomalous position abroad, no one knowing whether they were "officers, privates or hired extras." After a long and complicated struggle, fully described in the *History of Red Cross Nursing* they were given rank (1920) and Julia C. Stimson, Superintendent of the Army Nurse Corps, became a Major, with officers of various ranks under her. Though this was just and necessary if nurses were to work with armies in war time, its possible effect, as inducing

Military
rank for
nurses

them to idealize the military caste, gives some cause for misgivings.

Another result of the war in our country was the foundation of the Army Nursing School. This may also be read in full detail in the Red Cross History. Very briefly, its origin was in the inspection of nursing in the cantonments in this country made by Miss Goodrich, and the resulting report and recommendations made with her usual thoroughness, as one of the Nursing Committee under the Council of National Defense. The school was opened and Miss Goodrich was made its first Dean. After the war Miss Stimson became its head.

**The Army
Nursing
School**

An outgrowth of the war to which American nurses may, in the future, look back with special pleasure and warmth of feeling, was the share the American Nurses' Association had in the development of the Florence Nightingale School at Bordeaux. This also is told with fulness in the Red Cross History but it must be briefly outlined here for our younger nurses to read.

**American
Nurses'
Memorial
in France**

Through friendship for Dr. Hamilton, and belief in her ideals, a beautiful tract of land called Bagatelle had been bequeathed (1914) to the Maison de Santé Protestante, by Mlle. Elizabeth

Bosc. The old crowded quarters were pathetically insufficient and Dr. Hamilton hoped for a new hospital and school for nurses with all the necessary equipment. In 1919 she came personally to the United States to try to obtain funds. As a result of a long and often discouraging tour—for many millionaires though sympathetic with France had no spare money for nurses' training—our nursing organizations came to her help. Miss Maxwell, with whom she stayed at the Presbyterian Hospital, Miss Hilliard at Bellevue, and Miss Nutting at Teachers College, turning over every possible way of aiding her, brought to our national associations the suggestion that a memorial to nurses whose lives had been lost in the war might take the form of an ample and dignified school for nurses at Bagatelle. With wonderful unanimity and energy the project was carried through, and a sum total, the value of 850,000 francs, was collected. Miss Noyes and Miss R. Inde Albaugh were indefatigable in directing the lines through which state and local associations were reached. Miss Nutting and Miss Albaugh prepared the irresistible little leaflet that was distributed.

In 1921 the corner-stone of the new school was laid in the presence of American nurses who were in Europe, and in 1922 a beautiful building, to which

another wing could be added when needed, was finished. The hospital was finally provided for from other, mainly French, sources and was under way in 1924. To insure the continuation of the Nightingale system in Bordeaux for all time (humanly speaking) the gift of the American nurses was given and accepted with certain stipulations, and with provision for a nursing advisory board.

Numerous evidences of new life in French nursing since the war are hopeful and promising but it is too soon to write of them in the past tense. The enlargement of the school¹ in the Rue Amyot under Mlle. de Johanniss in co-operation with an American committee; the opening of La Maison Ambroise Paré in Lille (1923) by two Bordeaux nurses, Mlle. Matter and Mlle. Durrleman, both of whom had studied at Teachers College; the visiting nursing and social work carried on by the same American Committee for Devastated France with graduates chiefly from the Bordeaux school, each nurse having a small district where she carried on preventive work, taught sanitation and hygiene, and nursed the sick, thus combining the special aspects of service in one "generalized" whole; these, and others, are to be found in the Red Cross History or in the current journals.

**New centres
of French
nursing**

In spite of the general supremacy of men, the somewhat difficult attitude of many physicians and city administrations and an enthusiasm for short courses, the French outlook for nursing was held to be promising, even bright, by those who saw it after 1918.

The year 1922 saw the first regulations for officially recognized diplomas,—(by no means model, but a beginning)—and 1924 brought the prospect of a National Association.

In the small nations of Europe, new and old, there is stirring and striving in health and social service and nursing matters. English, Scotch, Canadians and Americans have had a share in creating and stimulating fresh effort, from the new Baltic countries down to Greece, Palestine and back through the Balkans. But these, also, are too much in the budding stage to be described. They must be watched in current periodicals.

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CHAPTER XII

THE PAST AND THE FUTURE

IN the preceding chapters we have followed the development of nursing from the crude, more or less instinctive ministrations of our primitive ancestors to the rather highly organized, widely varied, and expert forms of nursing service represented by the profession of nursing in many countries of the world today. We have seen how the original nursing impulse has been reinforced from time to time, first by the religious motive and then by such ideals as those of chivalry, and patriotism, of democracy, humanitarianism and social reform. We have noted how other powerful forces and movements in political, economic, and social life have acted and reacted on the development of nursing, helping to direct its course and modify its character.

General
survey of
nursing
history

As we look back at the long procession of de-

voted and heroic men and women who have given their lives to the service of the sick and helpless in all the ages of the world's history, we wonder if any profession ever had such inspiring examples or such splendid traditions of human service. In the face of almost overwhelming difficulties, hampered by every kind of restriction, beset by all the forces of ignorance and superstition, we have seen how untiringly they laboured, clearing away the obstructions in the path of progress, and building the foundations on which our work of the present day rests.

If we consider the long period of nursing history as a whole, we see how uneven and halting the line of advancement was, rising by slow stages for many centuries, reaching a fairly high crest of enthusiasm and activity from about the twelfth to the fourteenth centuries, only to fall back again into the long dark period of disorganization and decay, which extended from the sixteenth century right up to the threshold of modern times. The reforms of the seventeenth century in France and of the later eighteenth and early nineteenth century in England and Germany start the line upward again, but progress is exceedingly slow till we pass the middle of the last century when we begin to get the sharply ascending curve marking the

influence of Florence Nightingale and the discoveries of modern medical science.

It is a significant picture and one which we need to remember. It shows us the long and difficult path by which we have come, and reminds us that continuous progress is by no means an invariable rule in nursing any more than in other human institutions, and that there is always the danger of reaction when the nursing spirit grows dim and the forces which make for progress weaken and fail.

The nursing of the earlier day represents the triumph of the nursing spirit, rather than any marked development of the science and art of nursing. The amount of progress achieved is all the more remarkable when we consider that the nurses of the past worked almost wholly in the dark, with only the faintest glimmerings of scientific knowledge to guide them and with only their own hit-or-miss experience to teach them the highly difficult and delicate art which we now know nursing to be. Their blind, and often tragically futile efforts are dramatically pictured in "A Pageant and Masque of the Evolution of Trained Nursing" prepared by Mrs. Bedford Fenwick and Miss M. Mollett. A brief extract only is given.

**Develop-
ment of nurs-
ing as a sci-
ence and art**

The Spirit of Nursing is speaking—"I wept for

pity and I strove to ease where I might not mend; when they cried for me I went,—no dungeon was too dark, no lazar house too noisome, no battlefield too terrible. I bound the wounds that festered; I washed the sores that would not heal; I spoke gentle words and ministered to the plague stricken multitude, nor knew that the hem of my garment bore death. Water I carried to those athirst with fever, nor knew that the course was polluted; milk tainted with disease I gave to wailing babes, and none told me I erred. I served the sick and suffering, kneeling; I gave my life and yearned over them as a mother over her babe. But I blundered and stumbled and none set my feet in the right path. Oh, Mother! my children were grievously stricken and my help stayed them but little.”

Then Science comes forward—“ ’Tis I can aid her, Goddess; what she lacks I have. I may not own her gentle voice and tone; I cannot weep for pity, and the cry of the suffering multitude does not tear my heart. But I can reveal the germ that festers the wound, and teach how it may be killed that the wound may heal true and clean. I can show how the water source may be preserved pure. I can build the dwelling that shall be clean, sweet, and wholesome. I can track the plague poison to its lair, and my skill can stay its course. I, Mother,

can teach Man how to repair the ravages his sin and ignorance have caused in despite of thy laws; and I can teach my gentler sister how her ministrations may be thrice blessed. She shall blunder and stumble no longer; there is a knowledge and discipline that shall prevail over ignorance and prejudice, and equip her for her struggle with disease, and the dirt and folly that are its cause."

Then Hygeia, the presiding deity, tells how science and skill must be wedded to the spirit of service and self-sacrifice, how the head and hand must reinforce and direct the heart in order that nursing shall be something more than "kindly ignorance" stumbling on in the dark "for without that knowledge and skill, no tenderness, no sympathy, no love, no gentleness will save the sick and suffering. If science guide not pity, she may well harm those she seeks to save."

It was Florence Nightingale who first taught the world that nursing was an art, "the finest of the fine arts," and who first insisted on the need for a long and careful training which should include not only extended practice in the art itself, but sound knowledge of the principles on which it is based. It is this new emphasis on expert skill and knowledge which distinguishes the modern conception of nursing from the older idea of a

purely voluntary religious or personal service on the one hand, or an unskilled form of manual labour on the other.

The art of nursing has still marvellous undeveloped possibilities, not only the skilled care of the body's complicated mechanism but the more difficult and delicate art of nursing sick minds and spirits. The science of nursing is still in its earliest infancy and even our present knowledge is very imperfectly grasped and applied by the majority of those who practise nursing. We have a great task here in perfecting our art and building up our body of knowledge, but though it is impossible to lay too much emphasis on these things, we must never overlook the fact that the root and spring of all good nursing is still as ever the inborn nursing impulse with its eager spirit of service, its deep human interest, and its warm and spontaneous sympathy. Without this living spirit which is our motive force, all our science and skill would be futile. In this sense the nurse may still be said to be born to her calling, though we know that she must also be trained to it.

Although nursing is generally accepted as one of the newer professions, there is still some difference of opinion as to whether it is entitled to full professional rank. The older professions of law,

divinity, and medicine gained this distinction because of the recognized value of their services to society and because their members were generally reputed to be people of superior learning and character. All useful occupations may be said to render valuable service to society, but it is only those which deal with the more vital issues of human life and welfare, which are usually included among the professions.

To be a "professional" rather than an "amateur" means that one must be a recognized expert in the field in which he professes to practise and this implies not only a broad and sound preliminary education but also the mastery of a fairly large body of professional knowledge and a rather high degree of professional skill.

It is not expected that professional men and women shall be merely routine, rule-of-thumb workers. They must be ready to work out their problems in the light of established principles and to a large extent, by the use of their own knowledge and judgment. No short superficial training will enable any one to meet these requirements and no merely technical training will suffice!

Since the public places such heavy trusts in the hands of professional men and women, and since it looks to them for community service and leader-

ship, it expects them to justify this trust by maintaining a high standard of professional honour and of personal integrity. The professional code of ethics is simply an effort to standardize these moral obligations to society. We have no better example of such a code, than that of the Hippocratic Oath which has been handed down from the fifth century before Christ. (See Appendix II.)

Though it is understood that all professional work shall be paid and though no professional body can do its best work unless it is well paid, it is generally agreed that the work itself must come first, and not personal profit. The professional man or woman who thinks solely or chiefly of money or personal comfort or personal advancement, violates the first principles of professional service.

Most professional bodies are bound together by a strong feeling of brotherhood, and by an intense loyalty to the profession itself and to its traditions. This professional spirit, though sometimes tending toward exclusiveness and selfishness, also help to raise the morale of the group, holds weaker members up to a higher standard of service, and in this way makes both for the protection of the public and the advancement of the profession.

Nursing undoubtedly compares favourably with

other professions if one judges by the standards of public service, ethical idealism and professional solidarity. The place where it is weakest is on the educational side. There are only a few schools of nursing which according to modern standards of professional education, might fairly be called professional schools, and until we strengthen our foundations here and raise our general standards of preliminary education our professional status is likely to be questioned.

It is sometimes claimed that because nursing is so closely identified with the practice of medicine, it cannot be given an independent professional status, but must be considered as a kind of subordinate branch or "satellite" of medicine. A very brief review of the historical relations of nursing and medicine will show that nursing is not an outgrowth of medicine, but has had an independent development for many hundreds of years.

Although springing from much the same roots, nursing and medicine as we have seen, were influenced largely by different forces and movements, medicine rising or falling with the spirit of scientific inquiry, and the advancement of learning, while nursing followed more closely the waves of religious

The historical relations of nursing and medicine

awakening and of social and humanitarian effort. This is clearly shown if we compare the curve of medical development after 1 A.D. with that of nursing. While medicine was declining in the early centuries of the Christian era, nursing was just beginning to flourish as a branch of religious service. So far as the relative status of the two vocations is concerned, the nursing orders of the church all through the early Middle Ages enjoyed a greater authority in the care of the sick and a higher intellectual and social status than the crude barber surgeon or the illiterate vendor of physic who represented the secular profession of medicine. With the revival of learning and the later scientific developments of the sixteenth and seventeenth centuries, medicine and surgery began to take on new life, but this had no effect in arresting the decline and demoralization of nursing. Medicine did, however, gain more or less complete control of the whole secular nursing system, with results which cannot be said to have been beneficial to either. The shameless subordination and exploitation of nursing at this time practically destroyed all the life there was in it, and it will be noted that the same disastrous results are found in any country today where a similar system prevails.

The revival of nursing which released the nurse

from this condition of servitude and gave her again a recognized and dignified status, paralleled the scientific revival in medicine but the movements were under different leadership.

Instead of one profession of medicine, a whole group of professions began to emerge all grouped under the general field of Medical Science. They included medicine, surgery, nursing, dentistry, pharmacy, sanitation and a wide variety of therapeutic specialties. Nursing has been spoken of sometimes as the "official wife" of medicine and sometimes as the "younger sister" (it should be "elder" sister) of the medical family. Both terms indicate the interdependence of the members, and the division of functions which enable one to supplement and complement the other. But it is a self-sustaining not a dependent relationship, that of the modern helpmate or partner, not that of the old-fashioned household drudge or handmaid nor yet of the "clinging vine." Although all exist for the same general purpose, each has its own field to cultivate, its own group to train, its own special interests to protect.

The nurse often acts as the physician's assistant, but she has many duties apart from this function, the most important being her own distinct art of nursing. In this field it is she and not

the physician who is the expert. Like the mother in the home the nurse determines to a large extent the atmosphere surrounding the sick and looks after the multitudinous details on which health and comfort so greatly depend. These are services to the patient and not to the physician as such. In the same way, the nurse's functions in teaching, in prevention, in household management, and in social service are her own and are not derived from medicine.

Although there is a fairly clear-cut division of functions between physicians and nurses, there is always a certain interchange of duties, and in recent years particularly, a tendency to pass over to nurses some of the duties which formerly belonged strictly to medical men. Furthermore the whole tendency in the treatment of disease is to throw more stress on nutrition and hygiene and on physical and mental modes of treatment, thus adding more and more to the already heavy responsibilities of the nurse, and making the physician more dependent on her. Indeed it is quite fair to say that the nursing profession at the present day is not any more dependent on medicine than medicine is on nursing.

It should be clearly understood, also, that the nurse has had a very substantial share in the

achievements of modern medical science. This has not always been fully recognized by the public or by the medical profession, whole volumes having been written on medical history without so much as a word about the nurse's contributions to the miracles of surgery or the triumphs over infectious disease. Nurses have been as a rule rather too modest and self-effacing and they have not always themselves been fully conscious of the part their profession was playing in this great modern warfare against disease. It is therefore not perhaps surprising that physicians have sometimes failed to recognize their contribution or to see it except as a by-product of their own work. There are many indications, however, of a fairer and more generous attitude on the part of progressive medical men of the present day, and there is little doubt that if nurses will honour their own work and hold it high, it will soon win complete recognition not only from physicians but from the general public.

The rapid development of the public health movement is certain to bring further changes in the relations of these two professions. Fundamentally this movement is entirely in line with the original and basic conception of nursing, which as the name itself implies, is concerned primarily

with *nourishing* or *nurturing*, not merely with tending and comforting and administering palliative remedies. In its broadest meaning "nursing" stands for the conservation of vital energy, the hoarding and husbanding of human resources, the building and sustaining of health and strength, whether in the sick or well. "Nurture" from the same root carries also the meaning of training and education, so we have in this name of our profession all the essential elements of the modern preventive movement. It is rather interesting in this connection to note that the ancient Greeks evidently regarded these conservative and nursing functions as belonging peculiarly to the feminine side of the medical family for it was the wife and daughters of Asklepios, god of medicine, who represented the preventive and health-giving as well as the soothing aspects of the healing art.

The various words which describe the field of medicine—"physician," "doctor," "surgeon," the word "medicine" itself, all emphasize the idea of drugs or remedies or manipulations. They seem to suggest the salvaging of human wreckage and the patching up of broken-down machines rather than the steady up-building and sustaining of life. The term "preventive" is now added to "medicine" to indicate the newer idea of conservation or

perhaps the incorporation of the "nursing" element in medicine.

However that may be, we do know that Florence Nightingale clearly outlined the possibilities and launched the mission of the "health nurse" before the modern preventive movement in medicine was under way, and we have every reason to claim at least an equal share in this great field of human husbandry, which is so distinctly in line with our inherited functions and with our generic title.

Although always co-operating with medical and other experts, the public health nurse is obliged to work very much on her own responsibility and initiative, planning and directing her own activities and the activities of others. In the older branches of teaching and administration as well as in certain technical branches, the nurse has always had to stand pretty much on her own feet and has had to depend constantly on her own judgment and knowledge. In fact there is really no branch of nursing where individual intelligence, resourcefulness and initiative are not required and where they are not exercised constantly. The popular idea that the nurse works under the constant eye of the physician and that all she has to do is automatically to carry out his orders, is entirely misleading and is unjust and injurious not only to the nurse

herself but to those she works with and for. Until we get rid of this idea once for all, we shall never be able to secure the proper status for nursing or to attract and train enough competent women for the responsible positions in nursing work.

If we study medical history we shall find that this situation is by no means a new one. Practically every new group which has arisen within the general field of medicine has had to go through the same experience—first, hostility and opposition, then the attempt to dominate and control, and finally recognition and co-operation. Surgery is only one of many examples, having won its present position after centuries of practical servitude to the dominant medical group.

There is every reason to believe that the few irritating survivals of feudal autocracy which still exist in the larger family of medicine, will disappear as we all learn better the true meaning of democracy and social co-operation. It was Pasteur who said, "Democracy is that order in the state which permits each individual to put forth his utmost effort." He might well have applied this to the commonwealth of workers who care for the sick and labour for the promotion of health.

If each group is to put forth its utmost effort, it must have a normal outlet for its intelligence and initiative as well as for its spirit of service. The arbitrary domination of one group by another is demoralizing to both and does not secure the best service of either. It is equally disastrous, however, for any one group to attempt to be completely independent and self-sufficient.

It is only by respecting the expert in his or her own field, and recognizing frankly the necessary limitations of each group, that we shall be able to work together harmoniously and effectively, and each take his full share in the common task.

It is of course a mistake to assume that women have been the only active workers in the nursing field—monks, knights, mendicant-friars, and many other groups of men sharing with them the toils and achievements, especially of the earlier day. It

**Nursing and
the general
advancement
of women**

is perfectly plain, however, that many of the difficulties which nurses have faced in the past, have been due to the fact that most of them were women, labouring under hereditary handicaps, which we have just recently begun to remove. In a paper on the "Evolution of the Trained Nurse," Mrs. Fenwick closes with the statement: "The

evolution of the trained nurse in the future depends on the evolution of woman." We might apply this to the whole history of nursing and say that the status of nursing in all countries and at all times, has depended, not entirely, but to a very large extent on the status of women and on the degree of freedom which they have enjoyed.

While nursing has been strongly influenced by the whole woman movement, it has also made some distinct contributions to the advancement and education of women. It was undoubtedly the first form of community or social service open to women, providing a channel outside of the conventional domestic relations, where women's energies might find expression and where their larger capacities for organization and administration might be developed. In spite of many restrictions, it has probably been in all history the most useful and satisfying career open to women outside of the home. It has also been a career in which women have won conspicuous honour and distinction, the nursing saint and heroine always winning popular respect and affection in all ages. Outside of the protection of the church, however, there was little scope for development in this or other lines of activity for women, until the prudish and conventional ideas about feminine weaknesses and dis-

abilities began to be swept away and women won the chance to educate and train themselves for useful service in other vocations. Here again, nursing led the way in organizing the first real system of vocational training for women on anything like modern lines.

As the first organizers on any large scale of independent associations of professional women, nurses have also done pioneer work, though their struggle for professional independence would probably have been even more difficult than it was, but for the steady advance of women's education and the growing strength of the whole women's movement. With political enfranchisement there is more hope that in our own and other countries, women may be freed from many of their ancient disabilities and may be able to give their strength more freely and fully to nursing and to other branches of public service.

There is some little tendency at the present time to draw rather marked distinctions between the field of nursing and what is commonly Nursing and social work called the field of social work. Historically they were all one. We have seen, how from the earliest centuries of the Christian era, the nurse (or the social worker if one prefers the title) cared not only for the sick, but for the foundling and the

aged, the prisoner and the pauper, and for many other kinds of human wreckage. The Deaconesses and Sisters of Charity are types of the later nursing orders which struggled with these problems of misery and poverty and with most of the other social evils of their day.

In calling itself a branch of applied science rather than a charity, and in singling out the care of the sick, and the prevention of disease as its special field, modern nursing has not severed itself completely from these earlier social interests—indeed it could not even if it would, for they are all bound up together. However, since expert workers are being trained to investigate and handle problems of poverty and other social ills, nurses and physicians are very glad to turn over many of these old responsibilities to them and to co-operate in every possible way in putting the new science of social diagnosis and therapeutics on a sound basis. But this does not change the fact that most good doctors and nurses are still in the truest sense social workers, constantly battling with adverse social conditions and needing a generous measure of social knowledge and insight to carry out their own special social function of healing broken bodies and fighting disease.

When we consider the whole movement of social

progress—the breaking down of the spirit of hatred and prejudice, the promotion of kindlier and more humane relations between human beings, the organization of practical and effective measures for reducing human suffering and distress—it would be hard to find any group of workers, who have contributed more to the sum total of social effort, than the little group we have been studying, from Phœbe to the nurses of our own day.

The movement which revolutionized modern nursing has carried us forward by its great impetus to the present time. The question now is, whether we are going to continue this line of advance, or whether we shall slip back with one of those ebb tides of reaction so familiar in history when the momentum of a great movement slackens somewhat, and the pioneers of that movement begin to give place to a new generation.

That critical time we are now approaching. The sturdy pioneers who fought with dirt and disorder and all kinds of ancient abuses in the old hospitals, have done their share and we cannot honour them too much for it. But though they have carried nursing a long step ahead of where it was a generation ago, they have left a great deal still to be done and we should be unworthy of them if we should

The task of
the future

rest satisfied with their accomplishments. As a matter of fact the forward movement has only just begun, and we need a whole army of energetic and courageous nurses with the spirit of the old pioneers, but with a better preparation than theirs, to open up new fields and to challenge the difficult and complicated problems of our own day.

Most of these problems have been outlined in previous chapters. In spite of the rapid multiplication of hospitals and the remarkable improvements which have been made in the nursing care of sick patients both in hospitals and homes, we are amazed to find that this care extends to a very small proportion of the total population of our country. The sick in many homes today are just about as poorly nursed as they were fifty years ago. In rural communities especially there is a shocking lack of skilled nursing care.

Even in hospitals the reformation so well begun has not been completed. Modern standards of nursing have not yet penetrated deeply into many hospitals and institutions for the sick, especially into those for mental, tubercular, and chronic patients, where large numbers of sick people are still cared for largely by unskilled attendants. Besides there is the whole big field of public health nursing which is yet in its earliest infancy, where

the demand for highly trained nurses already far exceeds our supply.

The problems of nursing education are equally pressing and require the most patient and intelligent study which we can give them. The whole future of nursing depends on the way in which they are solved. Our present system of training which has served us on the whole admirably for half-a-century, seems to require certain adjustments to make it fit the newer conditions and needs of to-day. While we do not want to sacrifice any of those practical features which have been tried and tested and found good, we do need to strengthen the theoretical and scientific side of our training, to broaden its scope, and to put more emphasis than we have yet done on the social, preventive, and educational aspects of nursing. We need many more trained superintendents, teachers, and supervisors to inspire and teach the pupils in these schools, for on these educational leaders the burden of the future rests most heavily. Perhaps the most encouraging feature of our educational work is the development of university courses in nursing. This movement must be carried forward by the ablest and most highly educated women we can produce. Better laws must be made for the protection of nursing and for the fostering of good

standards in nursing schools. At the bottom of all our educational problems lies an economic problem, which must be solved if our work is to grow and live. The absolute dependence of the nursing school on the hospital leaves it with practically no means for the development of its educational work. Private endowments or public funds must be found to put our schools on as sound a financial basis as other professional schools.

There are many other things to be done for the profession at large. The hours of work both in nursing schools and in private nursing are often too long, and many nurses have not yet as full opportunities as they require for wholesome recreation and self-improvement. Graduate nurses in all branches of nursing need to have fair remuneration for their services in order that they may maintain their health and efficiency and provide for the future. These things are not incompatible with the spirit of service, which has always been the supreme thing with those nurses whom we honour in the past, but when money or good times or physical comfort becomes the main interest and end of life, the professional spirit goes, and nursing becomes little more than a business or trade.

The morale of our profession and its good name cannot be maintained unless the great body of

nurses, students as well as graduates, learn and support its best traditions and ideals. Every body of workers, every profession and calling, has its own traditions, gradually accumulated and handed down from generation to generation of new recruits. In this way the whole group is welded together into a more or less homogeneous and united body with common aims and a common spirit. Traditions do not always make for progress, however, a blind loyalty to outworn traditions often blocking necessary reforms. While our greatest leaders have not been afraid to smash the most ancient traditions when they have conflicted with right and progress, the best work is usually done by building up and strengthening good traditions and institutions and letting the old useless ones die out of themselves.

**Nursing
ideals and
traditions**

On the whole, nurses have every reason to be proud of their traditions and to treasure them even when, as in some cases, they are prized only as quaint reminders of our richly variegated and eventful past. Indeed, looked at in the light of history, our whole body of professional ethics and hospital etiquette resembles in many ways a rare piece of tapestry into which has been worked, on a background of serviceable home-spun, rare bits of

precious stuff from many lands and from all ages. Some parts of the fabric have worn thin or become slightly moth-eaten, but the whole thing is so full of life and colour and so packed with priceless memories, that we would not willingly exchange it, even if we could, for any ready-made modern product.

Many of our traditions go back to the home, where our earliest prototype the "mother-nurse"

Influence
of the
"mother"
spirit

set the first example of tenderness and devotion to the sick and helpless.

From here came also the spirit and practice of hospitality which lies back of all hospital work, and the housewifely spirit which has made of those institutions for the sick, clean, orderly, and attractive homes.

From the religious orders we have taken many of our highest ethical and moral principles. The

Influence of
the religious
orders

emphasis which they laid on purity and integrity of character, and the example they set of disinterested kindness and devotion to all classes and conditions of people, have been a priceless heritage. We draw inspiration from their long tradition of courage and fortitude, their willingness to tackle any kind of difficult task and their steady tenacity in holding on to a task once begun. The

gentle voice, the quiet unobtrusive manner, and the poise and dignity of the religious sister, have served as a model for all nurses. But while we have gained much from their example in these ways, there are some other traditions of both Catholic and Protestant orders which do not so fully represent our modern ideals, among them the older conception of nursing as a penance and a form of self-mortification, the idealization of drudgery and the contempt for and the abuse of the body. It is not now believed that we make people better or more useful by attempting to cut them off from the ordinary life of the world or by suppressing individual judgment and initiative.

The old ascetic traditions have not yet entirely disappeared from nursing. Their influence may still be traced in the long hours of hospital and private duty, in the austere and cloister-like atmosphere of some nurses' homes, and the persistent belief among some people that nursing, instead of being a normal happy life full of wholesome human activity and interest, is still in some sense a martyrdom or an appropriate refuge for the disappointed and bereaved. While too much emphasis cannot be put on moral character as an essential in nursing, the older idea of the nurse as a saint and the

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insistence on goodness as her *only* important qualification, has served often to excuse low standards of education and to justify slipshod methods of training.

Other interesting inheritances from the religious orders are the constant use of the cross in some form for medals and insignia, the custom of morning prayers, the title of "Sister" still used in English hospitals, the severely plain dress of the nurse (without frills or jewelry or other vanities) and the plainly dressed hair with the cap or veil—a perpetual reminder of St. Paul's strange injunction that women must cover their heads or be shorn.

Because of the peculiar nature of the nurse's work which brings her into rather unconventional relations with men, the church in the older days felt it necessary to guard her virtue by wrapping her round in a special mantle of sanctity and binding her with irrevocable vows. It is one of the proudest achievements of modern nurses that they have won for their secular profession a position of equal respect and confidence, through their wholesomeness and dignity and their respect for professional standards. This new attitude and tradition is not yet accepted, however, in all countries of the world, and is not so firmly established even in America, that we can afford to

ignore or forget the safeguards which have been set up for the nurse's own protection and the good name of the whole nursing sisterhood.

Although nurses no longer are expected to serve as religious teachers and advisers, and although all efforts to convert patients to any special religious creed are entirely discouraged today in practically all hospitals, there is still room in nursing for more of the positive ethical and spiritual influence which the best of the religious nursing orders have always exercised. Such a spirit is undoubtedly needed to offset the tendency to materialism and cynicism which is rather characteristic of our age and which seems especially out of place where one is so constantly faced by pain and suffering and by the mysteries of life and death.

The military influence served to reinforce many of the traditions of the religious orders, particularly their rather rigid system of discipline and the Spartan simplicity and austerity of their life. This influence first came through the Knights Hospitallers who brought into the hospital their ideals of chivalry and probably too, that little touch of romantic glamour which has always seemed to belong to nursing. The old knight-errant spirit—adventurous, gallant, and daring, always ready to fly at the call of distress

and always keen for a good fight in a good cause—seems indeed to have been born again in not a few nurses. We have seen it time and again in the recent war, where nurses have gone to the ends of the earth to fight a typhus epidemic or where they have constantly braved the submarine zones in hospital ships, in many cases giving their lives that fighting men might be saved.

The strongest military influence came through the “soldier nurse” of the Crimea. It was at this time that our modern system of hospital discipline was adopted largely from the army, and many of our hospital observances and perhaps a little of our official red tape also come from this source. The rather formal system of hospital etiquette, the distinctions of rank involving precedence of seniors, the attitude of “attention” when addressed by a superior officer, and many other familiar customs are plainly military in origin. Under the military influence, the uniform takes on a certain smartness and correctness, and we begin to note the addition of stripes on the cap as a symbol of rank, with medals, brassards, and other military insignia.

Though it undoubtedly served an excellent purpose in the reorganization of nursing, it is sometimes felt that the military idea has been carried

rather too far and that it has tended in certain ways to suppress qualities which are much needed in nursing work. While it is of course necessary to maintain proper dignity and authority in the care of the sick, one feels that the stiffness and unnaturalness of the military manner are scarcely suited to the tender art of nursing, and that the rather arbitrary and autocratic spirit of the military martinet does not help in establishing a happy or a harmonious atmosphere in the hospital or sickroom.

Our system of nursing training has perhaps suffered most from the military influence, the mistaken comparison of the student nurse with the private soldier, serving in the past as a justification for a rather severe and rigid system of discipline, a quite unnecessary emphasis on drill and routine, and in many cases, an unfortunate subordination of qualities of reasoning, initiative, and individuality. Such a system of training may have served a generation ago, but it is out of touch with the spirit and the accepted principles of our day. With a growing understanding of what education means, of what real democracy implies, and of what the actual work of the nurse demands, many of these outworn vestiges of the military tradition are already disappearing, and a new conception of the

functions and possibilities of nursing education is being developed.

Medicine has, of course, had a very strong influence on nursing, as indeed nursing has on medicine. The standards of medical ethics have been shared to a large degree by both professions. Some of the finest things which medicine stands for are its high sense of responsibility for human life, its scorn of quackery and self-advertising, its scrupulousness in guarding the personal confidences of patients, and an unusual, sometimes perhaps exaggerated, sense of loyalty to professional colleagues. In the whole medical family, there is a rather marked tendency to face the facts of life frankly, to abhor sentimentalism and prudery, and to view human frailties with a broad and tolerant spirit.

Medicine has been influenced more than nursing by the ideals and spirit of modern science. The true scientist is known by his patient and painstaking search for truth, by his distrust of any theory or tradition which cannot be proven by investigation and the test of reason, and by his courage in pursuing research even when it means risking life itself. He must be scrupulously exact and honest in his statements and in every detail

**Influence of
medical and
scientific
ideals**

of his work—otherwise he is not trusted or respected as a man of science. The scientific spirit is radically opposed to superstition and to dogmatism in any form. It is open-minded and singularly humble because it knows that our conception of truth is constantly changing, and what is considered sure today may be disproven tomorrow. It is never content with the ground won, but is always going ahead adding to the sum total of human knowledge.

There is no question that nurses, who are themselves engaged in a form of scientific work and who often are expected to assist in various kinds of scientific research, need to cultivate more the scientific spirit and point of view. This should not be, however, at the expense of the more human and personal interest which the nurse has always had in the sick patient as an individual. The physician's intense interest in the scientific aspects of the "case" often makes him somewhat blind to the immediate comfort and welfare of the patient, and it is all the more important that the nurse should be keenly alive to these human and social needs, and should keep them constantly in the foreground.

There is of course no degradation in the name of servant, and no disgrace in doing the simplest or the most ordinary forms of manual work. In-

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deed it has been one of our proudest boasts that nurses have raised so much of what used to be called "menial" work to the rank of a science and art, and that the real nurse never scorns even the hardest and most disagreeable task, when it has been found to be necessary to the safety and comfort of her patient. The thing which degrades is the servile spirit, which robs one of dignity and independence and saps one's honour and self-respect. We often congratulate ourselves that the bad old system of the servant-nurse has so largely disappeared in our country. Unfortunately neither in our own profession nor in others, have we entirely banished the mercenary, time-serving, perquisite-hunting, lackey spirit, and so long as any of this remains, the ghost of Sairey Gamp will haunt us. So while there is no room for snobbishness in nursing, and while we realize that the nursing impulse is not at all confined to any special grade or class of society, it is very important, in the interests of the sick as well as the interest of nurses themselves, that a certain standard of personal honour, intelligence and good breeding should be required in all those who enter the nursing profession, in order that we may keep clear of any suspicion of that servile taint.

Traditions
of the
servant-
nurse

Though we share some of our traditions with other groups of workers, our conception of the true nurse is not that of a saint or a soldier nor yet that of a semi-doctor, nor of a charity worker. We think of her as a socially inspired, scientifically trained expert in her own special art, which is still, we think, the gentlest and most beautiful of all arts. The great nursing leaders, whose example we want to keep always before us, were first of all great nurses, but with all their tenderness and devotion, they were vigorous, forceful, persistent men and women, with clear vision and judgment, and with fearless courage. Florence Nightingale is probably the finest embodiment we have of this ideal.

Conclusion

With reactionary and progressive tendencies again struggling for the mastery and with opportunities for public service which have never been excelled, there is the greatest need in nursing today for just such forward-looking women—women of generous spirit, neither timid and subservient nor ambitious and self-seeking—who will serve as torch-bearers of the new age which is just opening out before us.

In most of the countries of the world, progress in nursing and health work is still much retarded. In this new age, under the influence of the spirit

of international brotherhood, we cannot be satisfied to work out only our own salvation, but must try to extend our interest and our help much more widely to others. The nurse speaks a universal language and no one can carry the message of good-will to other nations more effectively than she.

Miss Nutting, whose clear vision has led to many advances in the past, sums up in a talk to a group of college women just entering their nursing training, a few of the things we look for in the nurses of the future. An extract only is given of this talk which is entitled "The Apprenticeship to Duty." It was given during the war.

"Upon such exalted traditions and ideals our nursing structure was founded, and though the touch of time has dimmed somewhat their early radiance, in nursing as a whole you will find, I think, that they are still fresh and living. It has been the fashion to cavil somewhat at hospital discipline, to assume that it had hardships and indignities that no free-born young woman bent on preserving her own individuality would endure. Just at the present moment we are not perhaps so greatly concerned, as we have been, with ourselves. Perhaps we are seeing that the higher individualism may consist in throwing our own effort into

the stream of some greater effort, and that true freedom comes not, but by order and discipline, and perhaps we may come eventually to realize that the hospitals in which we work are in a real sense battlefields where men and women and children are fighting for their lives. In their struggle and their dire need of help they have come to us, trusting us to throw our strength and skill in upon their side, to fight with them the unseen enemy.

“Whoever undertakes to share that conflict must acquire whatever is necessary for the task, and lift herself to the required level of endurance, of self-denials, and of loyalties. More than half of my working life has been spent in a great hospital, and I have become familiar with many others both in this country and elsewhere. I have found in them, and particularly among nurses, the purest unselfishness, the sternest devotion to duty, the simplest and most unaffected bravery, and the richest traditions of disinterested service that I have ever known. I believe that you will find them there also.

“The hospital of the past was the outcome of humane and ennobling ideals of service to one’s fellows, and in spite of all the vicissitudes of history which have made it now the engine of the

church, now the plaything of politics, or the path to fame of the ambitious, or have even abused it to clear commercial uses, to me it still stands in all its early beauty as the Hôtel-Dieu, the House of God.

“We may have great and imposing buildings, the last word in hygienic and sanitary appliances, dazzling operation rooms and laboratories, but that stricken human being lying there has many needs that none of these can satisfy. He must lean also upon the soul and spirit of the place to sustain and strengthen him. Such a soul and spirit many generations of workers—nurses, doctors, and others—have constantly striven to keep alive in our hospitals.”

Later speaking of the problems in nursing still to be solved, Miss Nutting says:

“Perhaps some of you may ultimately be in a position to contribute to such studies and to help in solving such problems, but you must first give yourselves whole-heartedly to the work that lies in these institutions and do it from the ground up. No understanding of the situation can be reached without full and accurate knowledge born of intimate experience. The nurses of the present generation with meagre preparation and few advantages have brought their beloved profession to the point where it now stands. They have carried the

burden and the heat of the day and I hereby pay them my humble meed of affectionate respect and admiration for their achievements. If the nurses of the future work as loyally, as courageously, and as steadfastly, if they hold before them the vision of what nursing should be as faithfully as their sisters of the past have done, nursing will indeed come into her own."

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APPENDICES

APPENDIX I

HISTORICAL OUTLINES SHOWING RELATION OF NURSING HISTORY TO WORLD HISTORY

HISTORICAL OUTLINES OF ANCIENT CIVILIZATIONS

Year B.C	China and India	Egypt	Babylonia Assyria Chaldea Persia	Palestine	Greece	Rome
0000		Earliest records of civilization.				
0000		Origin of calendar, 4241.	Babylonian civilization flourishing. 4000-2000			
0000	Earliest Chinese records, 2800	Period of advanced civilization up to 3000; pyramids built.	Hammurabic code of laws 2300.	Patriarchal age.		
5000	Eastern migration of Hindus.		Conquest of Babylonia.		Earliest records, 1582.	
4000	Susruta great physician.					
3000	Vedas, sacred books of Hindus.	Fall of the empire	Zoroaster Persian teacher; sacred books Avesta.	1270 Exodus from Egypt Moses.	Asklepios god of medicine worshipped in temples 1134.	
1000	Brahman religion.				Homeric poems, 930.	Founding of Rome (legendary), 754.
9000			Rise of Assyrian power, 750.			
8000			Rise of Chaldean power.	Fall of Jerusalem, 586.		
7000			Persian empire founded 538.		Age of Pericles 461-30.	
6000	Birth of Buddha, founder of Buddhism, 560.	Egypt a Persian province, 525.			Greece leading civilization of world.	
5000	Confucius, Chinese teacher, 515.				Hippocrates father of medicine, 420.	
4000	Hindu civilization widely developed, medicine flourishing, religion Buddhism.	Conquered by Alexander, 332.	Fall of Persian empire, 330.			
3000	Charaka famous physician.	Alexandria great centre of commerce and learning. Libraries and famous medical schools.		Jerusalem under Alexander.	Famous medical schools connected with temples of Asklepios.	Growing power of Rome.
2000	State hospitals under King Asoka, 270.					Romans absorb much of Greek learning and medicine.
1000	Revival of Brahmanism leads to decline in Hindu civilization.				Roman conquest of Greece, 146.	Roman empire, under Julius Cæsar and Augustus.
100		Roman conquest of Egypt, 47.		Palestine conquered by Romans, 63.		Britain invaded, 55.
1				Birth of Christ.		

1ST TO 20TH CENTURIES, A. D.

<i>Dates</i>	<i>General History</i>	<i>Religion and Charity</i>	<i>Science and Medicine</i>	<i>Nursing</i>	<i>Hospitals</i>
A.D. I First Century.	Augustus Cæsar, emperor.		Celsus—great physician—Alexandrian School.	Christianity opens new careers for women; deaconesses, widows, virgins, in visiting nursing.	In Eastern church homes of Christians open to sick.
100 A.D.		Persecution of Christians.	Dioscorides—writer on materia medica.	Phebe of Cenchrea, first deaconess, 60-70.	Houses of deacons and deaconesses become hospitals called Diakonia.
Second Century.	Growing decay of empire.	Intermittent persecutions.	Soranus of Ephesus, gynæcologist. Galen, 70 A.D. Military medicine in Rome well organized.		Xenodochia established in Eastern church dioceses; take all classes of poor as well as sick.
260 A.D.					
Third Century.	Goths and Barbarians begin to penetrate Roman empire.	Christianity tolerated but not recognized.	Professional status of medicine declining, many quacks. Great pestilence over whole empire.	Deaconess orders spread—attain high point in Eastern church.	
300 A.D.				Important Roman women take up nursing, hospital organization and charitable work.—Olympia, Marcella, Fabiola, Paula, Helen, mother of Constantine; St. Theodosia, skilled in medicine and surgery.	
Fourth Century.	Constantine, emperor. Empire divided. Constantinople centre of learning and art.	Christianity made state religion, 324. All charitable work taken over by church.	Decline of learning. No medical leaders.		St. Ephrem opens hospital wards at Edessa for sick only.
400 A.D.					Basilias Xenodochium 370 A.D. Fabiola's house first Christian hospital in Rome.
Fifth Century.	Sack of Rome by Alaric. Fall of Rome, 438.	Beginning of religious communities. Franks accept Christianity.	Nestorians found medical school at Edessa.	Decline of deaconess orders in Western church.	Great activity in building hospitals and abbeys

1ST TO 20TH CENTURIES, A.D.—Continued

Dates	General History	Religion and Charity	Science and Medicine	Nursing	Hospitals
500 A.D. Sixth Century.	Beginning of Dark Ages. Mahomet born about 570 A.D. founder of Mohammedan religion and empire.	Christianity introduced in Germany. Benedict founded Monte Cassino, first monastery under Benedictine rule.	Ætius last of Greek scholars, compiler of medical works of past. Practice of medicine confined to monks and nuns. Miracle healing.	Development of nursing and charitable work in monasteries under famous abbesses.—Cæsarea, Rade-gunde, etc. Monks and nuns both serve as nurses.	Travellers and sick persons received in monasteries, inns on mountain passes, etc. Hôtel-Dieu, Lyons, always had a secular order of Sisters.
Seventh Century.		Monasteries increase. Are centres of altruistic and charitable work, conservers of learning and education.	Scientific medical schools in Persia. Jews and Arabs become skilled in medicine.	St. Hilda, 614, abbess of Whitby. Anglo-Saxon and Irish nuns go to Germany to spread Christianity.	Hôtel-Dieu, Paris, first nursed by volunteers who became order with rule of St. Augustine.
700 A.D.					
Eighth Century.	Conquest of Spain by Arabs.		Charlemagne encourages medical study. Little real progress.	Monastic nursing orders flourish.	Many beautiful and well organized hospitals under Saracens in Arabia, Persia, and Spain.
800 A.D.					
Ninth Century.	Alfred the Great, 849. Development of feudalism and chivalry.	Monasteries centres of almsgiving.			
900 A.D.					
Tenth Century.	Constantinople most important city of Europe. Cordova, Spain, seat of Saracenic learning.	Churches levy taxes for poor relief.		Feudal chivalry brings nursing careers to high-born women outside of monasteries. Ladies learn first aid, surgical dressings, etc.	York Hospital founded by Athelstane, 936.
1000 A.D.					
Eleventh Century	Normans conquer England. Turks capture Jerusalem. First Crusade, 1095 A.D.		Important medical school at Salerno, women study medicine there.	Hildegard, famous abbess. The order of St. John Hospitalers, Knights, and Sisters.	Several early English hospitals founded. St. John orders found two hospitals in Jerusalem.

1ST TO 20TH CENTURIES, A. D.—*Continued*

<i>Dates</i>	<i>General History</i>	<i>Religion and Charity</i>	<i>Science and Medicine</i>	<i>Nursing</i>	<i>Hospitals</i>
1100 A.D. Twelfth Century.	Advance of middle classes. Rise of commerce and industrial guilds. Rise of universities.	Church passes laws restricting surgery	Hildegard writes medical books. Barber-surgeons form guilds. University of Bologna becomes important medical centre.	Teutonic Knights and Knights of St. Lazarus Military nursing orders. St. Francis of Assisi. Many royal women patrons of nursing.	Rahere founds St. Bartholomew's, London, 1123. Queen Matilda founds several English hospitals, 1101-1148. Teutonic Knights found St. Barbara at Strassburg.
1200 A.D. Thirteenth Century.	Magna Charta, 1215. First English Parliament, 1265. Chivalry at its height. Decline of Arabian power.	Monastic activities decline as secular orders increase.	Master-Surgeons 1268. Roger Bacon and others revive studies in natural science. Numerous important medical schools in Italian cities.	Deaconesses revived under Waldenses. Béguines founded. Orders of Grey Sisters, Florence, and Santo Spirito founded on secular basis.	Rise of municipal hospitals. Famous hospitals in Cairo, Damascus, Bagdad, Alexandria.
1300 A.D. Fourteenth Century.	Serfdom disappearing. Growing strength of middle classes.	First Poor laws passed to supplement church alms.	Sanitary measures attempted after Black Death. Leprosy dying out of Europe.		St. Thomas, London, 1213. Hospitals disorganized by Black Death, 1349 A.D.
1400 A.D. Fifteenth Century.	Decline of feudalism. Fall of Constantinople. Renaissance of literature, art, and learning. Printing invented. Humanist movement broadens human interest and social movements.		Benvenuti, founder of pathological anatomy. Chair of medicine, Oxford University. End of period of Arabian medicine.	Great extension of nursing by secular orders. Deaconesses revived by followers of John Huss in Bohemia.	City hospitals overcrowded and dirty. St. Mary of Bethlehem, (Bedlam), 1403. Queen Isabella of Spain founds ambulance service and field hospitals for army.
1500 A.D.	America discovered 1492.				

1ST TO 20TH CENTURIES, A.D.—*Continued*

<i>Dates</i>	<i>General History</i>	<i>Social Progress</i>	<i>Medicine</i>	<i>Nursing</i>	<i>Hospitals</i>
1500 A.D.	Rise of Protestantism in Germany, England, etc.	Suppression of monasteries. Church lands confiscated.	Beginning of modern period. Paracelsus, medical revolutionary.	Gradual decline following growing use of paid servant nurses of uneducated type.	Civil authorities gradually take over all hospitals in Protestant countries.
Sixteenth Century.	Cortez conquers Mexico, 1521. Elizabethan Age.	Missionaries enter the new world.	Paré, famous surgeon. Servetus, pioneer in physiology. Vesalius, Fallopius, and Eustachius, anatomists.	Catholic orders bound to enclosure by Council of Trent, 1545. Brothers of Mercy founded, and medical relief and nursing introduced into the new world by Catholic orders.	Mexican hospitals founded. St. John's hospital at Valletta, 1530.
1600 A.D.					
Seventeenth Century.	Quebec colonized, 1608. Plymouth, 1619. English Toleration Acts, 1689. France foremost European power.	Order of Friends (Quakers). St. Vincent de Paul, founder of Sisters of Charity and organized charitable relief.	Inventions of microscope and thermometer. Harvey, great physiologist. Leeuwenhoek discovers micro-organisms. Sydenham "English Hippocrates."	Revival of visiting and hospital nursing in France by Sisters of Charity under Mlle. le Gras and Vincent de Paul. Much volunteer visiting nursing on estates.	Hôtel-Dieu, Quebec, 1639. Hôtel-Dieu, Montreal, 1644. Bellevue (N. Y. City) founded by West India Co., 1658.
1700 A.D.					
Eighteenth Century.	American Revolution, 1775. French Revolution, 1789. Beginning of "Industrial Revolution."	England removes witchcraft from codes of crimes and punishment, 1735. John Howard, hospital and prison reformer.	Discoveries in chemistry and physics. Pallanzani studies bacteria. Hahnemann, founder of homœopathy. Inoculation for smallpox, by Jenner. Pinel, medical leader of humane care of insane. Many leaders in revival of medicine.	Dark age of hospital nursing. Visiting nursing in best form of the times was that of "lady bountiful" type. Medical men write nursing manuals. Humanitarians urge nursing reforms.	Many important hospitals built in all countries. First separate hospitals for fevers. Wm. Tuke, English Friend, opens retreat for humane care of insane.
1800 A.D.					
Nineteenth Century.	A century of great progress, in all lines of thought and action.	First factory legislation to protect children. England abolished slavery, 1807.	Stethoscope invented, 1818. Semmelweis, father of antiseptic midwifery.	Deaconess order revived under Fliedners at Kaiserswerth, 1836.	Dorothea Dix begins reform in asylums for the insane, 1841.

1ST TO 20TH CENTURIES, A.D.—*Continued*

<i>Dates</i>	<i>General History</i>	<i>Social Progress</i>	<i>Medicine</i>	<i>Nursing</i>	<i>Hospitals</i>
1800 A.D. Nineteenth Century.	Napoleonic wars, 1812-14. Crimean War, 1854-56. American Civil War, 1861-5. First Hague Peace Conference, 1899.	Missionary and temperance activity. Public schools extended. First colleges for women. Arnold Toynbee's work initiates settlement movement. Louisa Twining and Octavia Hill lead in workhouse and housing reform. United States abolished slavery, 1865. Geneva Convention founded Red Cross, 1864. Josephine Butler led movement against licensed prostitution, 1865-1895.	Murcheson advocated sanitary reforms, 1838. Nitrous oxide used, 1844. Morton's demonstration of ether, 1846. Bell and Simpson use chloroform, 1847. Pasteur announced germ theory, 1863. Lister, reform in surgery, 1869-80. Eberth discovers typhoid bacillus, 1880. Koch discovers tubercle bacillus, 1882. Loeffler discovers diphtheria bacillus, 1883. First medical women in England and America, 1840-60. Roentgen rays discovered, 1895.	Mrs. Fry's nursing sisters, 1845. Anglican nursing orders. Florence Nightingale born 1820. Florence Nightingale serves in Crimea, 1854-56. Wm. Rathbone founds visiting nursing, Liverpool, 1859. First visiting nurses in United States, N. Y. City Mission 1877. "Jubilee" visiting nurses, England, 1877. First law for nurse registration, Africa, 1891. First Nurses Settlement New York, 1893. Advanced course for nurses, Teachers College, 1899. Society of Supt's formed, 1893. Associated Alumnae, 1898. International Council, 1899. Am. Journal of Nursing founded, 1900. First State Assn. founded, N. Y., 1901. Army Nursing Bill, 1901. First Registration bill passed in U. S., 1903. School Nursing started, N. Y., 1903. Hospital Social Service started Boston, 1905. N. O. P. H. N. organized in 1912.	Miss Nightingale founds first training school for nurses at St. Thomas hospital, London, 1860. New England hospital for Women and Children 1860. St. Catherine's, Canada opens training school for Nightingale plan, 1864. Bellevue School 1873. Mass. General Hospital 1873. Connecticut Hospital 1873. First Training School in Japan, 1885. First Training School in China, 1895. Rapid increase in hospital and training schools.
1900 Twentieth Century.	World War, 1914-1918.	Period of social legislation covering hours, minimum wage, old age pensions, health, etc. Advances in suffrage, and many other social movements.	Marked advances in Preventive Medicine.		

APPENDIX II

THE OATH OF HIPPOCRATES WITH TWO MODERN ADAPTATIONS SOMETIMES USED IN NURSING SCHOOLS

The practice of "swearing in" a member of a guild or profession is very old and is still continued as a tradition in some professional schools. The general feeling of the present day is against the requirement of any such pledge or oath. The examples quoted below are given for their historic interest and not because they are believed to be an adequate expression of the present ideals of the nursing profession.

The Hippocratic oath was framed by Hippocrates, the Greek "Father of Medicine," in the fifth century before Christ. There are several forms of the oath. The following translation is taken from a copy published by the *Journal of the American Medical Association*:

"I swear by Apollo, the physician, and Æsculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this oath and stipulation: to reckon him who taught me this art equally dear to me as my parents. to share my substance with him and relieve his necessities if required; to regard his offspring as on the same footing with my own brothers, and to teach them this art if they should wish to learn it, without fee or stipu-

lation, and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the art to my own sons and to those of my teachers, and to disciples bound by a stipulation and oath, according to the law of medicine, but to none others.

"I will follow that method of treatment which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; furthermore, I will not give to a woman an instrument to produce abortion.

"With purity and with holiness I will pass my life and practise my art. I will not cut a person who is suffering with a stone, but will leave this to be done by practitioners of this work. Into whatever houses I enter I will go into them for the benefit of the sick and will abstain from every voluntary act of mischief and corruption; and further from the seduction of females or males, bond or free.

"Whatever, in connection with my professional practice, or not in connection with it, I may see or hear in the lives of men which ought not to be spoken abroad, I will not divulge, as reckoning that all such should be kept secret.

"While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men at all times, but should I trespass and violate this oath, may the reverse be my lot."

The modified Hippocratic oath arranged by Mrs. Lystra Gretter for the nurses of the Farrand Training School, Detroit, was called the Florence Nightingale Pledge as a token of esteem for Miss Nightingale. It

APPENDIX III

ART AND NURSING HISTORY

The student of Nursing History is fortunate in having access to a wide range of illustrative material which adds much to the enjoyment and understanding of the history itself. Many of the finest pictures and statues dealing with nursing subjects, are by famous artists, and their study has therefore a double value. A collection of such pictures is a fascinating hobby, especially to the nurse who travels. Every picture gallery and every art catalogue has its list of nursing saints, healing miracles, sick beds and lying-in chambers, etc., as well as pictures of famous physicians and scientists. Copies can usually be secured at a small cost, especially from the foreign galleries and such well-known dealers as Brogi or Alinari in Florence, or Anderson in Rome. Some of the books listed at the end of the preceding chapters,—for example, the larger four-volume *History of Nursing*,—have excellent pictures scattered through them. Such books may usually be seen in larger public libraries or they may be secured from any well-known dealer in medical books.

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